TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

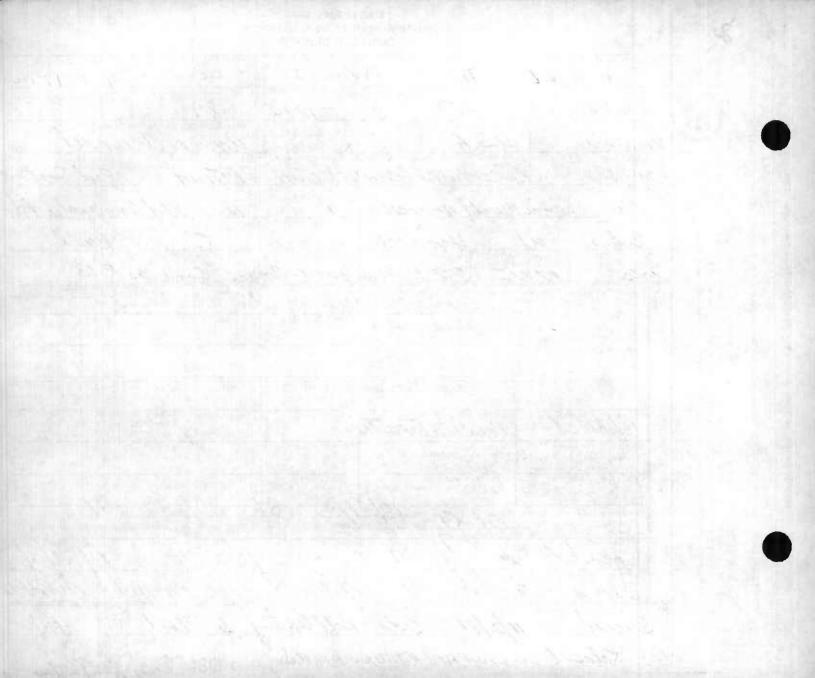
2	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1	2 5	0 5 4
ge 3 leafs		OR PRINT) MADEL	m.	AM 155	20 DATE OF DEATH	MONTH DAY	198 1 P. mm
(M)	3 SE	FeMALE	WHITE	5. DATE OF BIRTH MONTH S 1894	6 AGE (INYEARS LAST BI	RTHDAY) IF UNDE	ER I YEAR IF UNDER 24 MRS DAYS HOURS MIN.
	1/2	ROYNIA	CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	anus	extel MD.
filed tiled	A	TY OR TOWN OF DEATH	ANC HILLIAM (SCHOOL DESCRIPTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		KIND OF BUSINESS OR DUSTRY GOLT.
completely filled in 1 and 2 should be in a cominer must be	130. 9	AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY Annua	13 CITY OR TO		13e. STREET ADDRESS	ed ann	applie Rd.
ompletely ond 2 s	14 FA	THER'S NAME	Hand	ack annue	WE		Sall
s. Pages 1		AS DECEASED EVER IN U.S., ARME ES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	URITY NO. IT INFORMANT 2-8370 WM.C. AM	addriver for	e as #	13
d by the attending physic lease remove carbon pape ial, cremotion, ar removal or other traumotic event, it		PART I. DEATH (Enter only of PART I. DEATH WAS CAUSED BE IMMEDIATE Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost.	Y: (PIPICA	1 UBCULM ACCION	list.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hen p to bur njury, c	NO	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN I	PART 1 o
Hygiene prior 18 shows ony ii	CERTIFICATION	10/21/6/	Bour Obst	OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING (FINDINGS USED CAUSES OF DEATH?
certificat certificat urial-tran Aental Hy Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH E P.M.	19	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR	PART 2)
After this os the bi	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC. 1 211 LOCATION STREET	CITY OR TO	19 (STATE
CTOR: / d for use . of Hea n 21 is m		220.1 certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) vi	10/ 67 19	, and that in (my) (our) opinion (death occurred on the d	ate and hour and fr	, that (I) (we) last rom the causes stated
ERAL DIRE se detochec Stote Dept ANT: If Iter		226/SIGNATURE LM	al//ar	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	D/29/8/
ro FUNE should be with the St MPORTAN		MANUS CIAN'S NAME ITYPE OR PR	offing, M	222e ADDRESS 1036-1001in	s Ave. A.	Magnelis	1024

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

23¢ NAME OF CEMETERY OR CREMATOR

COUNTY



12,							E OF MAR			i.	47		100
1	1-	FOR STATE						ID MENTAL I		. 1	lin	3 0 3	2
		REGISTRAR				XAMINI	ER'S CER	TIFICATE C	OF DEATI	RE	G. NO.		
6	1. DE	CEASED NAME	Samuel		MIDDLE	Bab	cack	1 .	2a.	DATE KNOV	VN MONII		26. HOUR
S = SE			JAM UE	4			BAB	ock		OF EST	D 0 10	3 1981	FM
PIE	3. SE	(4. RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEA	RS IF UNDER			DATE	MONTH	DAY YEAR	2d. HOUR
		M	w	9 29	13	68 YR	. Internation	DAYS HOURS	MIN. PRO	DEAD	10	3 ,51	PM
NECESSARY FUNERAL DIR S FOR YOU WITHIN 72	7a. B	RTHPLACE (51	ATE OR	78. CITIZEN OF W		RY?		X NEVER MARR	9.	BALTIMORE C	CITY OR COU	NTY OF DEATH	
FUNERAL DIE 5 FOR YOU WITHIN 72 W PRESTON		irgini	1	USA				DIVORO	-	Aure	Don	del	MD.
ILLED, W.		TY OR TOWN		11. NAME OF HOS			OR OTHER IN		12a. USUAL	OCCUPATION	N TYPE OF WORK	126. KIND OF BL	ISINESS
FILED, S	111	1 /30	RNIE	A LIZE LA	CILITY GIVE STRE	ET ADDRESSY	Nos 1	is lat	Reto	Hicer	E)	Army	RY
Z Q Q	USU	L RESIDENCE		OTHER INSTITUTION, G	VE RESIDENCE BE		N)						
# # # # 3 S	13MS	Ugland	Ge.o.r.	A Red of the	Cro 62			INSIDE CITY LIMITS?	13e STREET		10		
	14. F/	ATHER'S NAME	1 Georg	ye silili	TULON	CON		MOTHER'S MAID		Burdwo	od Cow	rt	
9020		FIRST	0	MIDDLE	LAS			FIRST		WIDDLE		LAST	
19 -	Ián V	David	EVER IN U.S. ARM	ED FORCES?	Babcock	C SECURITY	NO 17 II	Wilhelm	una	ADI	Brac DRESS	Ishaw	
DIVISION OF COM	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE W	/AR OR DATES)				Herbrich volumes		NO.	J. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
ZIS		yes	1948/			11-402	3 Ro	<i>зетачи</i> В	abcock	(Wife	same as	13e	
G WITH	100	18 CAUSE O	F DEATH (Enter only ATH WAS CAUSED	one cause per line BY:	far (a), (b), a	and (c).)	/	. /	1		•	Superior des	TAND DEATH
ALONG V PERMIT. rgiene, d		11/1/1	MMEDIATE		(an	onde	uf (creens	Chri	seen		·	44
SIT B HYC VAL.		Toodson	, if any, which	DUE TO, OR	ASA CONSI	QUENCEO	7	1					
EXAMINER J		gave ris	e ta immediate	(b)		1		U					
AEN RE		couse (o) lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSE	QUENCE O	F						
, burial-transit permi and mental hygiene, on, or removal.				(c)				*					
	_	PART 2 OTNER SIG	INIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATE(O TO THE TERMIN	IAL DISEASE OR C	ONOITION GIVEN IN PA	RT 1 (a).				
USED AS A DF HEALTH LL, CREMATI	ō												
4 ()	CAI	19a. DATE OF	OPERATION	196 CONDI	ION FOR WI	HICH OPERA	TION WAS PI	ERFORMED?				20. AUTOPSY	?
A A	F											YES 🗆	NO.
BURIA	MEDICAL CERTIFICATION		L CAUSE WAS	21b. TIME OF	INJURY	AY YEAR	21c. HOW II	NJURY OCCURRE	D (ENTER NATU	RE OF INJURY IN I	TEM 18 PART 1 OR I	PART 2]	
2	CAL	UNDERLYING CONTRIBUTIN	G CAUSE OF D			19	1						
PRIOR TO BURIN	EDI	21d. INJURY C			ORY, FARM, ETC.		211. LOCATION STREET	ON	-	TY OR TOWN		OUNTY	STATE
OIP	Ž	AT WORK	NOT WHILE	STREET, PAC	JAT, FARM, ETC.		SIRECT		CI	I OK TOWN		OUNTY	STATE
PAGE STATE I 21201 P			y that I took charge	-(Ab	anth and a bu	6-11	Δ	7			U-		
NO.		- A - M-	1	1	-		Autopsy L	, Inspectio		nquiry [],	ond in my o	apinian	
WITH TH		deoth resulte	68/1	I couses .	Accident L	ال, Suic	ide L.J.,	Hamicide L.	Undeterm	ined manner			
DIRECTOR: 1, WITH THE 3 MARYLAND, 2		ACTUAL	20	and the			I	ITLE (SPECIFY)	2		DATE	16.3	81
RE,		SIGNATURE	Offino				M.D. <u>2</u>	A LIGHT	MEDICA	LEXAMINER	SIGN	NED	
WORE, MA		EXAMINER'S	NAME Z	INHAP				11.		de	20		
TO FUNERAL DAFTER DEATH, NA BALTIMORE, MA	22. 5				,	WE OF SE	ADDI		100	VINCE!	her h		
- 4 80			ION,REMOVAL 23	DAIL	23c. NA	ME OF CEM	ETERY OR CRI	EMATORY	CITY OF TO	OWN.	00	UNITY SI	AI¥
		rial UNERAL DIREC		7-7-81	Arl	ingto	n Natio	mal	Arli	naton	#BBGISTRAR'S	irginia	
4 · 17 ME (5))		NAME		118000ml	ew Ham	pshire	2 Ave	1	77	1981	frances	Man Many	2
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8		FOR STATE REGISTRAR			ST/ DEPARTMENT OF DICAL EXAMII	HEALTH			REG. NO.	5 0 5	6
848E	I DE	CEASED NAME E OR MINITY	FIRST	KLY	Ans	6	Pailey	2a. DATE KN OF E DEATH M.	OWN MONTH	2/19 8/	26 HC
	1.56)	F W	.E 5.	DATE OF BIRTH MONTH DAY O CITIZEN OF W	YEAR 6. AGE (IN) LAST BIRTH 14	YRS.		MIN. PRONOUNCE DEAD	D /O	2/ 198/	26. HC
35	В	altimore	,Md.	USA		WIDOW		ED 🖽	_	DEL -	Co
54 35	9%	N BURN	ie 1	NOKIH 1	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS ALL NOE	Hosp	er Institution	120 USUAL OCCUPAT FOR MOST OF WORKING Studen	ION (TYPE OF WORK	OR INDUST	ISINESS
3	13e. S		136 COUNTY AA	THER INSTITUTION, G	IVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Glen Bur		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 6426 Ha	rrison	Square	
-		Ennis		J.	Bailey		15. MOTHER'S MAIDE PIRST Dawn	Louis		Warren	1
1	16a. V (Y	VAS DECEASED EVER ES, NO, OR UNKNOWN)	(IF YES, GIVE WAI		16b. SOCIAL SECUR	TY NO.	Father,		13		
	TION	couse (o) stotiment in the stote of the stot	NT CONDITIONS CON	(c)TRIRUTING TO DEATH	RUT NOT RELATED TO THE TEL	IMINAL DISEAS		RT 1 (a).			
1	CERTIFICATION	210 EXTERNAL CAU		21b. TIME Q	TION FOR WHICH OPE	21c. H		D LENTER NATURE OF INJURY	IN ITEM TO PART T OR I	20. AUTOPSY? YES PART 2)	NO [
	MEDICAL	TIG. INJURY OCCUR WHILE NOT AT WORK AT W	CAUSE OF DEA	21e PLACE		211,10	CATION POR	esne Sy.	lvere	OUNTY Alo	STATE
7		22a I certify that death resulted from ACTUAL SIGNATURE	1	of the remains descauses.	scribed obove, held on Accident , S	Autop iulcide —	sy Inspection , Homicide TITLE (SPECIFY)	Undetermined monn	DATI	10/24	181
7	23 o. B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, PECIFY Crematio	E.L. REMOVAL 23b. 23		23c. NAME OF C			23d LOCATION CITY OR TOWN	9	units	ATE
		UNERAL DIRECTOR			n Burnie		Process	CT 28 1981	TTE BA	Canal In	July

Brown Commence of the Commence bridge months that I had not been also as the second The state of the s . Day of the control of the control of the

8	1-	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		2 EG. NO.	5 0	5 7
		CEASED NAME FIRST	MIDDLE		i	AST	20. DATE OF DE		DAY YEAR	2b. HOUR
	(TYPE	PATRIC	TA DEI	ORES	F	REAN	OCTOB	ER 5, 198	1	2.07 A.
-	3. SE.		4 RACE	JOHN STREET	5. DATE C	7 85 64 1	6. AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 HRS
m)	100	Female	Caucasi	an	May	6,1937	44	YRS.	ONTHS DAYS	HOURS MIN.
	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Saryland	76 CITIZEN OF WHAT					ARUNDEL C		MD.
54	G	LEN BURNIE	NORTH A	LITY, GIVE STREET A	DDRESS1	PITAL	Housev	UPATION MOST OF WORKING LIFE	126. KIND C INDUSTRY Own	Home
35	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN AA	100	ESIDENCE BEFORE A CITY OR TOWN sadens	١	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADD	RESS Cookfiel	d Roa	d
20		THER'S NAME FIRST Edmund	J.	Harve	У	15. MOTHER'S MAIDEN NA PIRST Dora		DDLE	Smi	th
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	SOCIAL SECUR	NTY NO.	17. INFORMANT		ADDRESS		
		No	E WAR OR DATES			Patricia I	olson.	daughte	r.sam	e as 13
	CERTIFICATION	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Canditians, if the one of the cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CAUSE (A) A DATE OF OPERATION	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	A CONSEQUENT CONSEQUEN	NCE OF Hyper EATH BUT	emortage on letersion	MINAL DISEASE OR	CONDITION GIVE	N IN PART 11	first.
d	IFIC/	170 DATE OF OFERATION	198. CONDITION	FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
9	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		MONTH DAY	Y YEAR 19	21c. HOW INJURY OCCUR	YES NO			ио 🗆
2	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA		RM ETC)	STREET	CIT	YORTOWN	COUNTY	STATE
		22a. I certify that (1) (this hospit sow the deceased alive on, above, (1) (the deceased of the on, above, (1) (the on, above, above, (1) (the on, above, above, (1) (the on, above, a) view the bady after	1981	, on	d that in (my) (907) apinion DEGREE ATTENDING PHYSICIAN	death accurred an	the date and hour	9.8/ and from the	
1		22d. PHYSICIAN'S NAME (TYPE OF				122- ADDDECC	HAMMONDS		1	-
		HARI K. BHAS	IN, M.D.					ARYLAND	21225	
2	23 o . 8	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CI	EMETERY OR CREMATORY	23d LOCATIO	N	is a large of	
34	(Burial	8 Oct.8	1 Gle	en Ha	aven Mem. P	k. Glen	Burnie	COUNTY	STATE
.)	24 FL	INERAL DIRECTOR			V. (5)	25a DAT	E REC'D. BY REGIS	TRAR 256 BY GISTR	AP'S SIENAT	UR avideo
		James S. Kirk	lev. Gle	n Bilm			ICT 6 1	981 Craw	0	

DHMH - 16 50M 1/8 (VRA 15, 4)

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eron mon	Partherine		
	ATRIOTE WIFE		
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an on the	dameh demeh	man indas	

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TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

BP.

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral estandable detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with in 7.1 he with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

1		FOR			E OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 1	250	5 8
	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	E.S	.т.
T		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH		26 HOUR
1		FLOREN		BENSO		OCTOBER		1:05 A
	i. SE	Female	1. RACE Whi	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 78	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
5	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	OUNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUL ANNE ARUNDEL	COUNTY	MD
		EN BURNIE	(IF NOT IN SUCH FACILITY	L, NURSING HOME (GIVE STREET ADDRESS) DEL HOSPI	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYOS WORK CTOST OF WORKIN	GLIFE) 126. KIND O INDUSTRYE Railr	e Business or oad
7	13a S	AL RESIDENCE (IF NURSING HOME) TATE 13b. CC			13d INSIDE CITY LIMITS? YES \(\text{NO.} \text{Y} \)	13e STREET ADDRESS 7649 Third		
1	4 FA	THER'S NAME FIRST UN	K N O W N	LAST	15. MOTHER'S MAIDEN NA FIRST	UNKINOV		
1			GIVE WAR OR DATES)	CIAL SECURITY NO. 5 • 28 • 9806		on) ADDRESS S iam Rebstock	ame as	# 13
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far USED BY:	(a), (b), apper,			BETWEEN C	MATE INTERVAL DINSET AND DEATH
		Conditions, if ony, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A C	CONSEQUENCE OF	um			
	7	underlying couse last PART 2. OTHER SIGNIFICAN	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 200 F	YES, WERE FINDIN RTIFYING CAUSES YES [7]	GS USED OF DEATH?
	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MC	Y DNTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		NO []
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJU	RY	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		224.1 certify that (1) (this has say the decepted all a above. (1) I want (1) (dis	view the body after de	19 01	nd that in (my) (our) opinion	deoth occurred on the date and		hat (I) (we) last
		The Substitute	Ing !	Rau	TIENDING HYSICIAN	DIRECTOR STAFF	10 /	PONED
		RAMIREZ, JO	RGE B., M.D.		7845 GLEN		SUITE 205 AND 2106	1
1		Burial, CREMATION, REMOV	236. DATE OCT 29, 1981	Holy C	emetery or crematory coss Cem.	23d LOCATION CHYOR TOWN Brooklyn	, A.A.	
1		Singleton F	uneral Hom		land OC	E REC'D. BY REGISTRABLY REC		arther

1.5.1 mlg/Met CLES BUREL ... WIRTH ADDROSE BESTING THAT CHEWYOR STAD STATE THE A.M. . HELDIOL SHIPLAR

3		1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								5	U	5 9
			CEASED NAME FIR	ST		MIDDLE		LAST		2	a. DATE KN	IOWN IX	нтиом	DAY YE	EAR 2b. HOUR
	ASE PASE	(TY	PE OR PRINT)	obert	•			Bisho	D		OF E	ESTI-	10	1619	81 "
	PLEASE PL	3. SE	X 4 RACE	5. D	DATE OF BIRTH	YEAR		IF UNDER 1 YR	. IF UNDER		t. DATE		AONTH		YEAR 24 HOUR
	A 40 M	1	Male Blac		eb. 08	1961	20 YRS.	MONTHS DAYS	HOURS	MIN. P	RONOUNCE DEAD	ED	10	16,19	81 p 45
	SS	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	7b.	CITIZEN OF WH		RY?	AARRIED 🔀 N	JEVER MARR	IED 7	BALTIMO	RE CITY OR	COUNT		Н
	S NECESSA FULLIP S FULLIP S FULLIP W PER		Maryland		USA	1		DOWED	DIVORO	CED [Anne /	Arunde	1 Co	unty.	MD.
	ANY DELAY IS NECESSARY ND 3 TO THE FUNITY DI RETAIN PAGE 5 FO COULD BE FILED. ECORDS, 201 W PETER		Annapolis		Anne Ar	unde I	Genera			12a. USUA FOR MC	AL OCCUPAT OST OF WORKIN	TION (TYPE OF	WORK 1		PE BUSINESS DUSTRY
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	13a S	AL RESIDENCE (IF IN NURSING H TATE T3b. C Aryland Ann	OME OR OTH OUNTY e Aru		13c. CITY (EFORE ADMISSION) OR TOWN POLIS	13d. INSIDE	CITY LIMITS?	13. STREE	East	Port	Terr	cace	8 101 15
ORE, MD.	GES 1, 2, M PM 3. AND 2 S OFWIAL		ATHER'S NAME FIRST Lustine		DOLE	Bis	shop	S	HER'S MAID FIRST Ophia	ENNAME	MIDD		C	last	1
ALTIMO	BALTIMORE, MD. S AFTER DEATH. II GIVE PAGES 1, 2, TITH FORM PM 3. THE FORM PM 3. WISION OF WITH	16a. V {Y	MAS DECEASED EVER IN U.S ES, NO, OR UNKNOWN) (IF YES	, GIVE WAR C	FORCES? OR DATES)		78-4209		rmant rah Bi	Lshop		Eastp	ort	Terra	ce
201 W. PRESTON ST.,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NEXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN FENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FIRE AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WHIT FORM PM. 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 35 HOULD BE USED A BURIAL TRANSIT FRAMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF VITAL RECORDS; 201 MBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, we gave rise to immediately lying couse last.	USED BY: EDIATE CA which diote	AUSE (o) M DUE TO, OR	lultip AS A CONS	ond (c).) Le guns SEQUENCE OF SEQUENCE OF	not wou	nds	(rif	le)			APPROX BETWEEN (MATE INTERVAL ONSET AND DEATH
AL RECORDS,	SHOULD BE EXECTORD "PENDING" CHIEF MEDICAL BE USED AS A BUR AT OF HEALTH AN SURIAL, CREMATIC	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDI	TIONS <u>CONTR</u>	RIBUTING TO DEATH B		ED TO THE TERMINAL			ART 1 (a).				20 AUTO	PSY?
ON OF VITAL	CERTIFICATE SH TING THE WORI DED TO THE CH 3 SHOULD BE U DEPARTMENT O 1 PRIOR TO BUR		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE		21b. TIME OF HOUR XX	INJURY MONTH	DAY YEAR	IC HOW INJUR	RYOCCURRE		TURE OF INJURY	IN ITEM 18 PAR	I OR PART	YESX	NO []
DIVISION	THIS CERTING, WRITING WARDED TO PAGE 3 SHOTATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE C STREET, FACTO		(AT HOME, 2	1 LOCATION STREET			CITY OR TOWN	olis	COUN	A.A.	STATE MD.
•	MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FORE FUNERAL DIRECTOR: ER DEATH, WITH THE S TIMORE, MARYLAND,		220. I certify the Floor of death resided from ACTIVAL	Satural ca	te remains desc	Adident	Suicide	TITLE	Inspection nicide	Undeter	Inquiry Imined monn	er .	DATE SIGNED	10	/18/81
	SECUTE AGE 4 SAGE 4 SAFTER DISABILITION SALTIMO	-	EXAMINER'S NAME (TYPE OR PRINT)		mas D.			ADDRESS		Penn		Balto.	, MD		
	BP	(:	URIAL, CREMATION, REMOV SPECIFY) Burial		t. 21-8		hel Way		em.		ATION tingto		lve		Md.
	DHMH-17 (VR A15 ME (5))		uneral director encer E. Sewe	11	Box Miss	Prince	e Freder	ick, Mo		OCT 2	2 198	25b. REGISTI	RAR'S SK	GNATURE	Neather

to her by day Tylend forme Approved tempolis v v 1153 hart out formed Alino centi aparers Processes 7-11 godern damaged 2024-17-010

	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	2 5	0 6 0
h		CEASED NAME FIRST	WIDDLE	ļ	AST			YEAR 26 HOUR
1		MANE		1	SI//ER		10-24-	81 12° AM
	1 58	FEMOLE	RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS MIN
200	7= BI	RTHPLACE, ISTATE OR FOREIGN	CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY O	R COUNTY OF DE	ATH
P	1,	OUNTRY) A.	U.S.A.	MARRIE	DI NEVER MARRIED U	Ann	ne Bru	ndel Mo.
W	b	ty or town of DEATH	11. NAME OF HOSPITAL, NU (I) NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)	Nursing Centre	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Home Make	F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
See See	713a S	AL RESIDENCE (F NUR TATE	DOMESTICATION ON THE MEMBERS.	BEFORE ADMISSION)	/	13e STREET ADDRESS	t Street	
2 mine		THER S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM		20000	LAST
medical		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	51920	Mr. August M.	ADDRE	4707 Va	Ave21206 Wey View
or removal. atic event, the		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	dia		r.		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
other troum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	S b) All	EOUENCE OF	evotir car	diovascul	n	
ta burial,	Z	PART 2 OTHER SIGNIFICANT CO	, (c)		NOT RELATED TO THE TERM!	NAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a
ows any ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
nd Mental Hygind ar Item 18 sh		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUS	Y IN ITEM 18, PART † OR P	'ART 2)
rked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOW	/N COUP	NTY STATE
of Healt		22a.1 certify that (1) (this hospite saw the deceased alive on above, (1 (we) (did) (did not	10-23.	0.00	d that in (my) (aur) opinian d	eath occurred on the do	19 F	, that (I) (we) lost om the causes stated
ote Dept. T: If Item		22b. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F	DATE SIGNED
with the State		224 PHYSICIAN'S NAME (TYPE OR	PRINT) VIVASA	~	606 Hann	nends lan	4, BALT	0, 14, 21225
3 ₹	23g. E	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 10-27-81	23c. NAME OF C	Raemer em.	23d. LOCATION CITY Balto	. M. COUNTY	STATE
1/75		phine (. Miller In	rc-6415 Belai	2 Rd21	206 250. DATE	T 2 7 1981	CANCES	Can Harther

toname with the maner JE15-1848 Quarted 10-5- " into Edwards on India, Mr. " who willes be the chair - 1205 - List 131 - the

The policy of the party of the 100 27 1981 2 19 FOR

REGISTRAR

- STATE

DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Hrunde Stenographer Hearne. nknown PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN STATE ____, that (I) (we) lost and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 224 DATE FIGNED STAFF DIRECTOR | PHYSICIAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

The transfer of the state of th Making Liver January Object 12 4 13 Carried Code hill Code hill Carried Post am 2/24 south langer Devacated treatment

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

STATE

REGISTRAR

DECEASED NAME

23b. DATE DHMH - 16 60M 1/75 (VRA 15 (4))

12h KIND OF BUSINESS OR

805

IF UNDER 24 HRS

81

IF UNDER 1 YEAR

MONTHS DAYS

20h, IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES V

COUNTY STATE

__, that (I) (we) lost

22c. DATE SIGNED

10.16.81

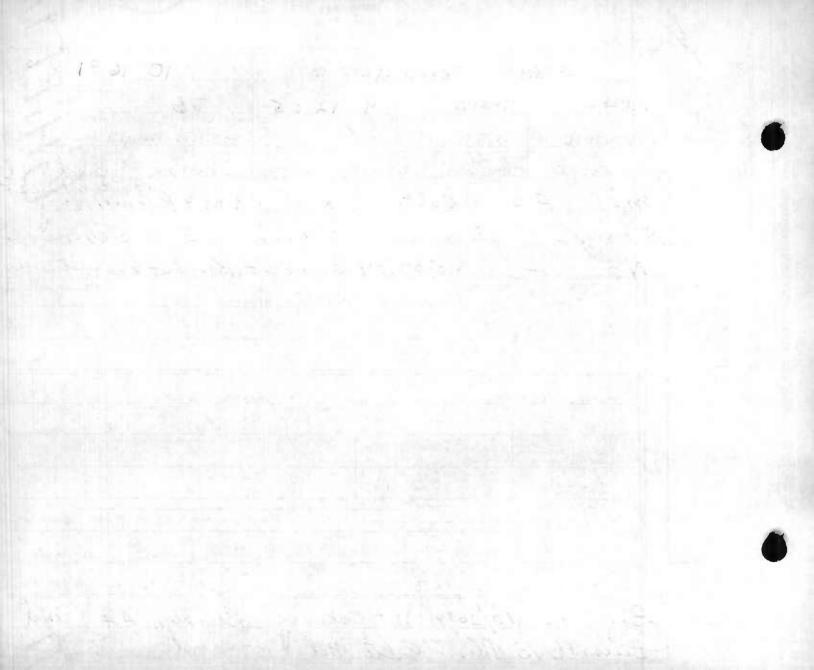
REG. NO.

MONTH

20 DATE OF DEATH

CTR. CROWNSVINE, mos

REGISTRAR'S SIGNATU



signed by the attending physician

STATE OF MARYLAND

du	2	U	0	44

1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND	MENTAL HYG		6.		
LDE	CEASED NAME FIRST		MIDDLE		AST		REG. N		DAY YEAR	2b. HOUR
	0011000 111010	rence	Austin	Bro			Octo		19 198	2301p _M
3 SE	X	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Cau		Jar	3	1913	68	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED -	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
	ryland	U.S	S.A.	WIDOWE		NORCED	Anne Arund	del Co	ounty	MD.
100	· Meade, Md.	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET IGh Army (ADDRESS)			12a USUAL OCCUPAT TYPE OF WORK FOR MOST C Ret. Mil.	F WORKING L	IFEI INDUSTRY	Army
13e. S Ma		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRESS Rt. 1, BO>		Bell's Traile	= = 1112
14. FA	Clarence	WIDDLE	Brown Sr		15 MOTHER	S MAIDEN NAM	ME		Shoemak	6.7
14a V	VAS DECEASED EVER IN U.S.	APMED ECDCES?	16h SOCIAL SECU	•	17 INFORM		ADDRI		Shoemar	ei.
		GIVE WAR OR DATES)	41912617			muel J.	12		pian Way	y vland
	18 CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b), on	d (c1.)						IMATE INTERVAL
	PART I. DEATH WAS CAL	JSED BY.	Atheroscl	eroti	c hear	† disea	se.			
	2500	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A 2-5" "I	1200					
	Conditions, if any, which	DUE 10, C	RAS A CONSEQUE	Melli	tus					
- 7	gave rise to immediate) (0)_					PER TEN		F (1)	
	underlying couse last	DUE TO, C	R AS A CONSEQUE	ENCE OF						
	PART 2. OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	01
NO										
AT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED
CERTIFICATION	Repairte						YES TI NOT		IFYING CAUSES	OF DEATH?
8	21a. ACCIDENT WAS UNDERLYING				21c. HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TE	PART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D. .M.	AY YEAR						
MEDICAL	21d. INJURY OCCURRED		OF INJURY	17	21f. LOCAT					
W.	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREE	T	CITY OR TO	WN	COUNTY	STATE
	22a. I certify that (I) (this ha	spital) attended th	ne deceased from_	N/A			, to		. 19,	that (I) (we) last
	sow the deceased alive above, (1) (we) (did) (Xd	on the body	odes decale	, or	id that in (my) (our) opinion	death occurred on the d	ote and ha	our and from the	couses stated
	276 SIGNATURE 1 1	1 . 1	10)		DEGREE		and the same		22c. DATE	SICNED
	1/1/1/1	lant.	A	33 1	my	PHYSICIAN [MEDICAL STA		200	Jest 81
	220 PHYSICIAN'S NAME (TY	PE OR PRINT)	1		22e. ADDRE	SS				TWA CALLET
	William P.	Jones, M	. D.		Kimbr	ough Ar	my Communid	v Hos	spital	Ft.Meade
23a. E	BURIAL, CREMATION, REMOV			NAME OF C		CREMATORY	23d. LOCATION			

BP.

TO FUNERAL DIRECTOR: After this certificate has been

m 18

MPORTANT: If Item 21 is marked or Ite should be detached far use as the with the State Dept. of Health and

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BULLIAL 10-23-81

Hardesty Funeral Home

23d. LOCATION CITY OR TOWN

COUNTY

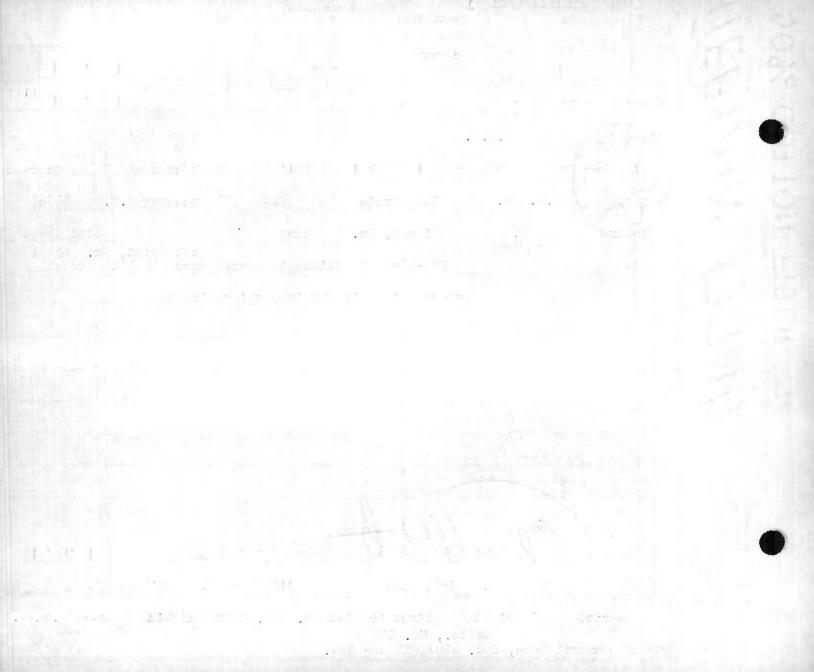
STATE

Annapolis, Md.,

ACOMPAVILLE AACO Hd.
BY REGISTRAR 256. RECUTRAR'S SCHAMURE
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1	FOR STATE REGISTRAR			DEPARTI	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2.	5	6 6 E.D.T.	
	CEASED NAME PEOR PRINT) JOS	SEPH	Thomas BULLOCK, SR.				OCTOMBER 12,1981 2:08				
3. SE	Male	4.1	Cause. 5. Date of 100			0F BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DATS	IF UNDER 24 HR	
ON	No. Carolina		WIDOWE				9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY				
4 G	LEN BURNIE	N	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) NORTH ARUNDEL HOSPITA				178 USUAL OCCUPATION THE TOP BUSINE (TYPE SUPPLY VISOR KING LIFE) 178 KIND OF BUSINE (TYPE SUPPLY VISOR KING LIFE)				
USU 13a.	USUAL RESIDENCE (IF NURSING HOME OF		Co. 13 MAZINEE		ADMISSION) 13d. INSIDE CITY LIMITS? YES NO		13e. SP952ADGRESSStreet,				
0 14 F/	Joe Tom B	ullock	DLE	Pasade	na	15 MOTHER'S MAIDEN NAM	MI Bullock LAST				
no	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YE NO AW	D FORCES? AR OR DATES)	246-52-0		Elizabeth B	Bullock same as 13-a-e				
CERTIFICATION	PART 2 OTHER SIGN 19a. DATE OF OPERAL	VIFICANT COM				NOT RELATED TO THE TERM	NAL DISEASE OR COND	20b. IF YES, W	ERE FINDIN	GS USED	
MEDICAL CERTII	210. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d INJURY OCCUR	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	YES NO	YES [NO []	
ME	while NOT what work 22a.1 certify that (I) saw the eccase abave (I) (we) (e	(this hospital)	(AT HOME, STR	e deceased fram	9	STREET . 19	to, to	12 19	end from the	that (1) (we) la	
	226 PHYSICIAN DIRECTOR PRINT) CHARLES J. WU, M. D. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS									121	
230. T Bu	BURIAL CREMATION,		O, M.D. I GIEN FURNIE, MARYLAND 210						1061		
	UNERAL DIRECTOR	will	antil	wieghts !	- A	Dolis, Md. 250. DATE	REC'D. BY REGISTRAN	25b REGISTRAF	rs signm	URE	

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stless, No. ellhymos		I Ineveed the	non in		J. j. de

STATE OF MARYLAND

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ANNA	M.	BURRS	10	28 81 PM
SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
FEMALE	WHITE	10 07 01	80 yr:	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
MARYLAND	U.S.A.	WIDOWED DIVORCED	□ ANNE ARUNDEL	MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	TURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
LEN BURNIE	208 CRAIN CO			CLOTHING
JAL RESIDENCE (IF NURSING HOA STATE 13b. C	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 130. CITY OF	E BEFORE ADMISSION) R TOWN 13d INSIDE CITY LIMIT	S? 13e STREET ADDRESS	
MARYLAND	A.A. GLEN	BURNIE YES NO X		RT CIRCLE APT. 1
FATHER'S NAME FIRST	MIDDLE LAS	15. MOTHER'S MAIDEN	NAME	LAST
THOMAS	BARE	RETT SARAH	К.	JONES
(YES, NO OR UNKNOWN) (1F YES	S. GIVE WAR OR DATES) 16b SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS G	LEN BURNIE, MD.
NO	217-	L6-7807A HAROLD D.	BURRS 208 CRAIN	COURT CIRCLE
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line for (o), ((b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DIATE CAUSE (a)	ocerdel infe	retion will	
14100	DUE TO, OR AS A CON	SEQUENCE OF	Congletine Pean	A So lune
Conditions, if ony, which	h ((b) cante	is silente carde	somular dit	eelo
gove rise to immediate		SECUENCE OF		
underlying cause lost	E DOE TO, OR AS A COIN	SEOUTIVE OF		
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE	FERMINAL DISEASE OR CONDITION (GIVEN IN PART 1/g
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
			YES NO	PRIFYING CAUSES OF DEATH? YES NO NO NO
21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
OR CONTRIBUTING CAUSE OF		19		
(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211. LOCATION		
WHILE NOT WHILE D	(AT HOME, STREET, FACTORY C	OFFICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	ospital) ottended the deceased i	from Feb. 28 10	8/ 10/28/1	19, that (I) (we) lost
	d not view the body ofter death.		nion deoth occurred on the date and h	
22b. SIGNATURE	d not view the body offer deoth.	DEGREE		22c DATE SIGNED
0	-orleanly	ATTENDIN	MEDICAL STAFF	10-29-81
22d PHYSICIAN S NAME (T	YPE OR PRINT)	22e ADDRESS	N DIRECTOR PHYSICIAN	10-29-01
		The state of the s	OOD DOADA GIEN DID	DATE MADSET AND
CHARLES J. W		1/845 OAKW	OOD ROAD; GLEN BUT	KNIE, MAKYLAND
(SPECIFY) BURIAL	11-01-81	POPLAR GROVE	CITY OR TOWN	COUNTY STATE
FUNERAL DIRECTOR	TI-OI-OI		DATE REC'D. BY REGISTRAR 21 G. EG	BALTO. MD.
NAME		PRESS ZIZZ9	OCT 3 0 1981 Mar	w Jan Martha
IORRAKD LONEKAT	HOME, INC. 410	J/ WILKENS AVE.	701901901	0

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the finine of should be detached for use as the buriol-transity permit. Then please remove carbonpopers. Pages 1 and 2 should be that with TV with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

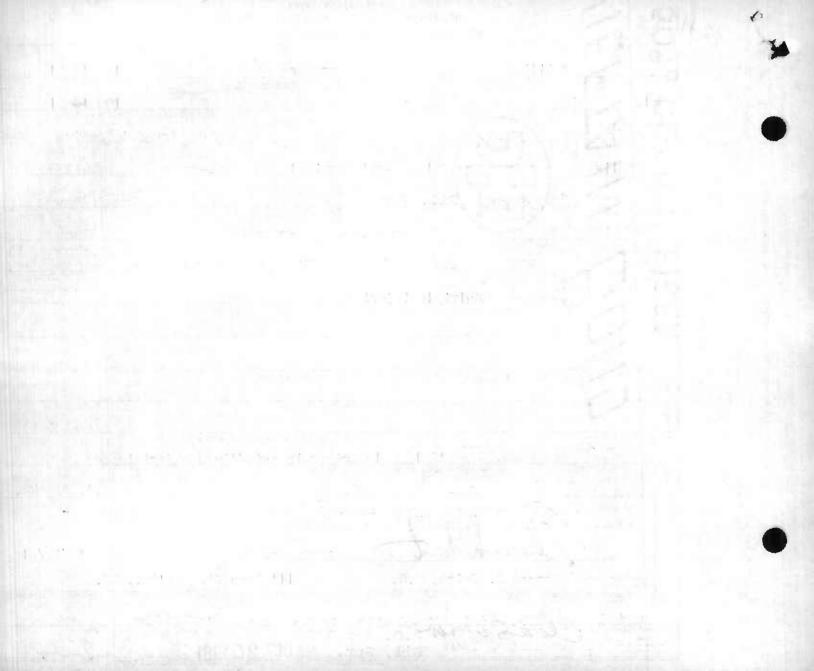
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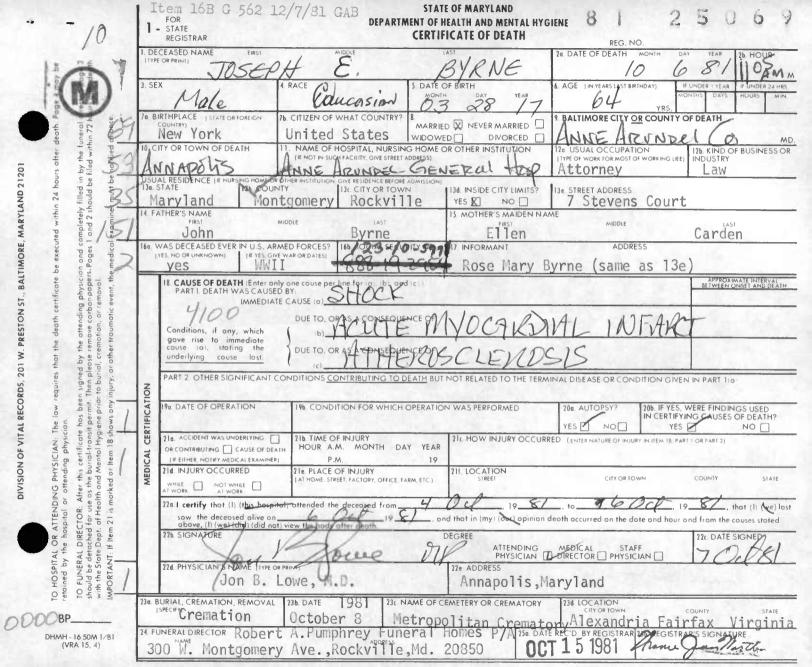
IMPORTANT: If Item 21 is marked ar Item 18 shaws any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 74 bay retained by the haspital or attending physician.

Chronical Company of the Company of was all the contract of the co TO THE STATE OF TH The state of the s DAY THAT STREET ON STREET BOOKEN THE AND THE PROPERTY OF THE PROPER AND THE SECOND OF THE SECOND SECONDS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN A 20. DATE MONTH DAY [TYPE OR PRINT] ESTI-Phillip DEATH MATED Buscher 16981 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR SEX DATE YEAR LAST BIRTHDAY) PRONOUNCED 4:20F White 1919 DEAD Male Aug. 4 62 YRS 6198 76. CITIZEN OF WHAT COUNTRY? 79-BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S. A. WIDOWED W DIVORCED Anne Arundel County 128 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Salesman Annapolis Anne Arundel General Hospital Selling 8. GIVE PAGES 1, 2, AND 11D WITH FORM PM 3. RETAIN P T. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS. LSUAL RESIDENCE (IF IN NURSING OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION). 30. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Sil Md Montgomery Spr YES 3 NO [9039 Sligo Creek Pkwy 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Philip Buscher Shaw Gertrude ADD#8901 Hickory Hill 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 214-03-8671 Judith E. Buscher Ave. Lanham, Md Yes WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if pny, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL, YES X NO 🗌 TO MEDICAL EXAMINER: THIS CERTIFICATE SF EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARKLAND, 21201 PRIOR TO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM MONTH DAY YEAR UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 3: 30P.M. 10 16 1981 driver in auto/fixed object impact 21e PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. I STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 50 road A.A. MD. 220. I certify that I taok firm of the remains described above, held an Autopsy Inspection and in my apinian Homicide Undetermined manner deoth resulted from Suicide TITLE (SPECIFY) ACTUAL Deputy Chief MEDICAL EXAMINER 10/17/81 SIGNATURE Thomas D. Smith. M.D. III Penn St. EXAMINER'S NAME Balto. MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 231 NAME OF CEMETERY OR CREMATORY COUNTY STATE Rockville Burial Rockwille Uni DATE REC D. BY REGISTRAR 24 FUNERAL DIRECTOR P.O. Box 7428 -DHMH - 17 Pumphrey, Inc. Warner E. (VR A15 ME (5) Spr 15M2/80





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		REGISTRAR		MEI		MINER'S	CERTIFICATE		KLO.			
1910 -0.00		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	20. D	OF ESTI-	MONTH	DAY YEAR	2b. HOUR
ZSASE.			Denni		A.		arnes		EATH MATED	10	1119 81	м
	3. SE)		4. RACE	5. DATE OF BIRTH	YEAR LA	SE (IN YEARS IF UI	DER TYR. IF UNDE	ER 24 HRS. 2c.	DATE NOUNCED	HTMOM	DAY YEAR	2d. HOUR 8:50
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		lale	White	2/2/5		2 4 YRS.			DEAD	10	1198	D W
SERVER SE	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)			18. MARRIED X NEVER MARRIED ON BALTIMORE CITY OR CONTROL OF STREET OF STREET OR CONTROL OR CONTROL OF STREET OR CONTROL OR								AAD
PAGE 5		TY OR TOWN O		TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) North Arundel Hospital								JSINESS RY
2. 21201 F ANY DEL L. AND 3 TO E. RETAIN P SHOULD BE L. RECORD E	SUAL RESIDENCE (IF IN NUT OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE OUNTY 136. STATE OUNTY 137. CITY OR TOWN BALTO, 136. INSIDE (ITY LIMITS? 139. STREET ADDRESS YES) NO 23424 FLAWERY LA, 14. FATHER'S NAME FIRST DAND, MIDDLE LAST THATE THAT									-,		
MD.										LAST		
BALTIMORE RS ATTER DEA S. GIVE PAGES WITH FORM P PAGES I AN DIVISION OF	16a. V (Y	VAS DECEASED ES. NO, OR UNKNO YES	EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SOCIAL S	ECURITY NO.	17. INFORMANT	ER	ADDRE	SS		
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REESE & SONS MORTUARY. D.A.

FOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Annapolis, Maryland 21401

STATE OF MARYLAND

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T.A. Hardesty

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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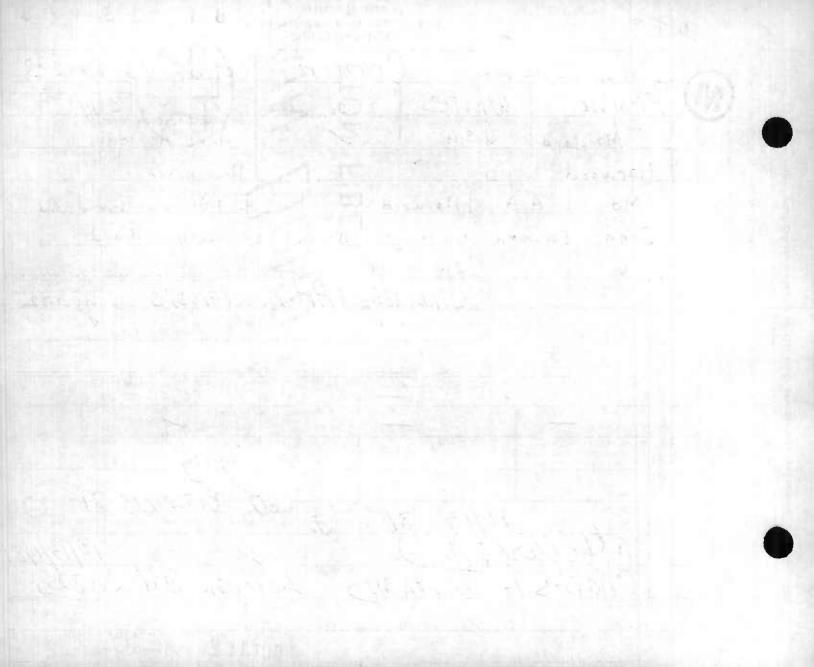
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MARYLAND 21201

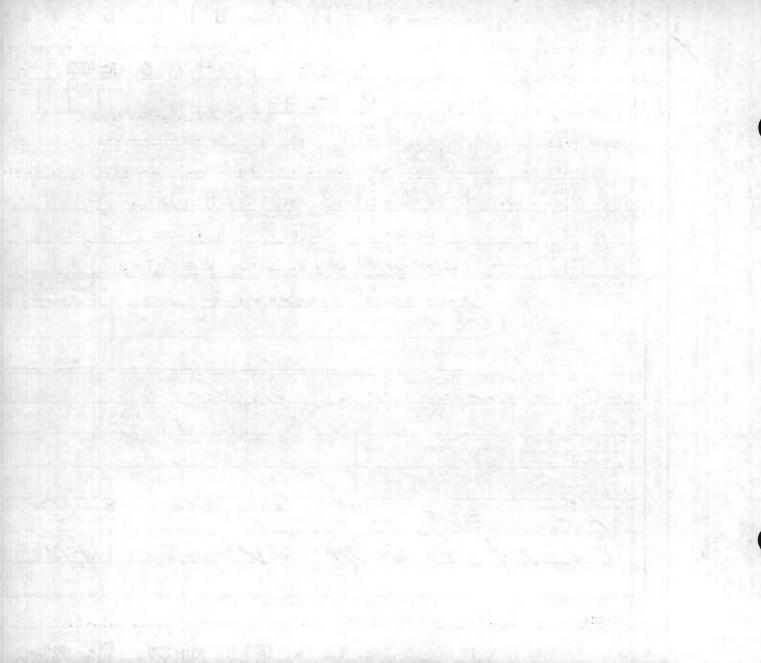
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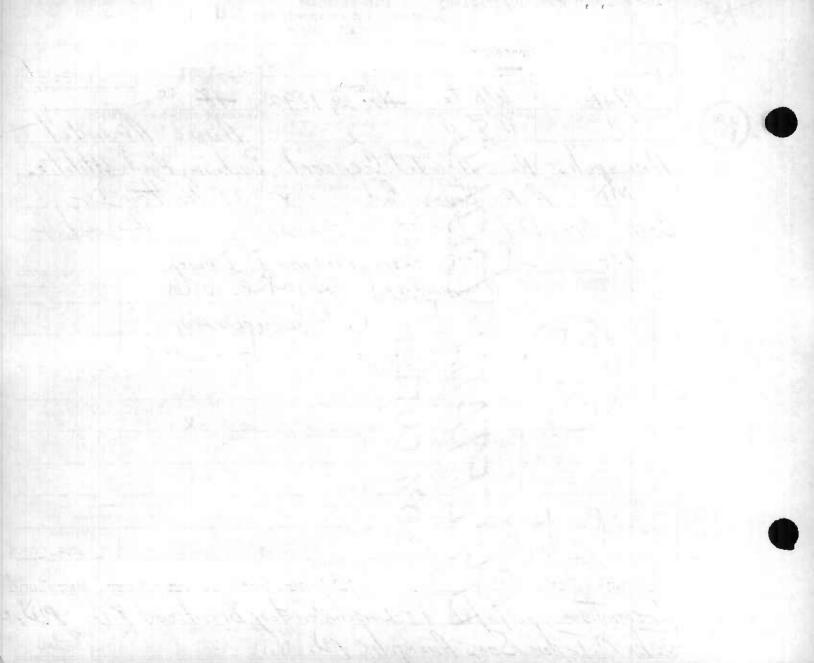
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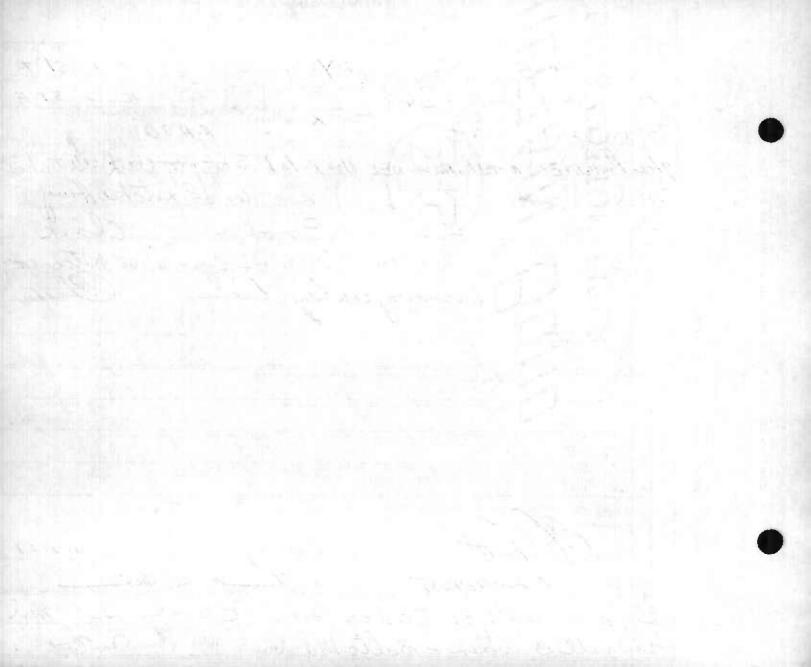


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The si	2	NO					
he law re on. hos beer t permit.	ows ony	CERTIFICATI	196. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
N. T. Wysici	18 sho	CER	210. ACCIDENT WAS UNDERLYING	The same of the street of the	21c HOW INJURY OCCUR		
C P C	He He	CAL	OR CONTRIBUTING CAUSE OF DEA		19		
PHY rendi	ō	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE FA	RM ETC) 211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
ENDING tol ar off DR: After r use as t Health a	morked		AT WORK — AT WORK —		9-10 - 79	. 10-	10 91 . 0
TTEN Ditol TOR: for us	21 is 1			tol) attended the deceased from	ond that in (our) apinion	. 10	te and hour and from the causes stated
OR AL	Hea		The Storm URL	t) view the body ofter death	DEGREE		22c. DATE SIGNED
2.	*		Konfres	Carray	2 ATTENDING PHYSICIAN	MEDICAL STAF	IAN 10-13-81
OSP ed b UNE d be	MPORTANT:		PONALD	Provert	22e ADDRESS		
retoin Shoul	¥ —	23 qt. f	URIAL, CREMATION, REMOVAL		AME OF CENTETERY OR CREMATORY	234 LOCATION	1 7 3 1 1
BP		B	UrIAL	Oct. 16-81 F	MeLAWN	ANNAP	ULIS AA. Md
DHMH - 16 50M 1. (VRA 15, 4)	/81	2	I E HICKS	THANKAP	obis -Md 250 DAT	CT 2. d 1991	There Over laster
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		DEPARTMENT OF HEALTH AND MENTAL HYGIENE)	2 3	0 0	3
		TATE EGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N.	0.		
		EASED NAME FIRST MIDDLE LAST 20. DATE KNOWN CORPRINT)	MONTH	DAY YEAR	2b. HOUR
1	Title	CINRE C DYER SIV DEATH MATED	110	1981	73 M
3	SEX	4. RACE / S. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH	DAY YEAR	24 HOUR
1	1	5 DACK 10-7-19/2 68 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	10	2 1951	AM
70	a. BIR	THPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 8. MARRIED & NEVER MARRIED 9. BALTIMORE CITY OF	OR COUNTY		FULL
5	n	Tarriand as A WIDOWED DIVORCED A. A. C.O			MD
/ 10	CIT	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE	PE OF WORK	26. KIND OF BUS OR INDUSTR	SINESS
- 9	96	& BURNIE NORTH. ARUNDET HOS PITOL Shipping C	lerk	Westin	hovel
13	SUAI a-ST	RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATE 136 COUNTY 136 CITY OR TOWN 136. INSIDE (117 LIMITS? 132 STREET ADDRESS.)	41	11	
bL	n	7 d HA YES NO 1 6005 Kell	chie	Howy	
, 14	1. FA	HER'S NAME FIRST MIDDLE MIDDLE MIDDLE MIDDLE	100	D 1411 (
16	7	rank Pyer Enolia	Cl	ark	
1 16	o W	AS DECEASED EVER IN U.S. ARMED FORCES? O DR UNKNOWN) 18 YES, GIVE WAR OR DATES) ADDRESS		241	
L		110 - 2/4-01-6599 Jarah L. Dyer-60	05/	alche	effer
		TA CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	/	HET PORTAGE !	AND DEAL
		IMMEDIATE CAUSE (o) LEVEN CUICEN (LISTER)	(Lucas	se.
		DUE TO, OR AS A CONSEQUENCE OF			
1	-	Conditions, if any, which gove rise to immediate (b)	7		
		couse (a) stating the <u>under-lying</u> cause lost. DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
N .		PART 2 DTNER SIGNIFICANT (DNDITIONS <u>Contributing to death</u> but not related to the terminal disease or condition given in part 1 to 1.			
	CERTIFICATION				
	CA	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?	
4	E	TIL EVYEDNAL CALLES WAS AN TIME OF THE OF		YES 🗌	NO 🗷
		216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 HOUR A.M. MONTH DAY YEAR	PART 1 OR PART	2)	
	5	CONTRIBUTING CAUSE OF DEATH P.M. 19			
	MED	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET CITY OR TOWN STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUN	NTY	STATE
		AT WORK			
2		220. I certify that I took charge the remains described above, held an Autopsy . Inspection . Inquiry . a	nd in my opir	nion	
		death resulted from: Operat cluses . Accident . Suicide . Hamicide . Undetermined manner .			
		TITLE (SPECIFY)			
		ACTUAL M.D. DEPU 9 MEDICAL EXAMINER	DATE	11. 21-	\$1.
)	-				
X		TYPE OR PRINT) ADDRESS Company	2		
23	Je BU	ELAL CREMATION, REMOVAL 22E DATE 23L NAME OF CEMETERY OF CREMATORY 23E TOWN	count	y ste	n 0
	6	Jurial 10/6/81 Cedar Hill Drooklys	AL	7. m.	12
3	100	NERA) DIRECTOR 1250. DATE REC'D BY REGISTRAR 125 EG	ISTRAR'S SIC	SNATURE	
	U	unell B. Oden - Ballo, Md OCT 5 1981 France	1 Saan	Mart.	



	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF	HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. N	250	8 2
		CEASED NAME FIRST LCO!	na Diggs	ś	LAST	20 DATE OF DEATH	MONTH DAY YEAR 20, 1987	26 HOUR 9-154 M
AAI)		enale	Negro	OC:		6 AGE (IN YEARS LAST BH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
35	IAR	RTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNT U.S.A.	WIDOW		Anne	Arundel	MD
53	A	nnapolis	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	Pen. Hosp.	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (F BUSINESS OR
35	13a S	TATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BE JUNTY 134. CITY OR T Anna P	OWN	13d INSIDE CITY LIMITS?	130. STREET ADDRESS	adneck Ro	ad
221		JAMES		GGS	15. MOTHER'S MAIDEN NAM	R	SIMMS IAST	
the medical		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	0-6206	JOSEPHINE PO	WELL 6001	E. Pine Dr.	Md.
any injury, ar ather traumatic	ION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	T NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART Ì 10	
shaws and	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	DN WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIND IN IN CERTIFYING CAUSES (YES	GS USED OF DEATH? NO
or Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MONTH ER) P.M. 21e. PLACE OF INJURY	19	21f. LOCATION			
IT: If Hem 21 is marked	M		pital) attended the deceased from 11 view the body/after death.	im	ond that in (my) (aur) apinion d DEGREE ATTENDING PHYSICIAN	to	ote and hour and from the c	
	(URIAL, CREMATION, REMOVA SPECIFY) BURTAL INERAL DIRECTOR	10-24-1981	JOHN W	22e ADDRESS CEMETERY OR CREMATORY FSIEY CHURCH C	23d LOCATION CITY OR TOWN THE Wate	соинч	State Maryl an
A 1/81		NAME TANKS	Annapol ONS MORTUARY, F	is, Md	0C	T 29 1981	100	JRE Parties

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A B	1 - STA	TE			SI DEPARTMENT O DICAL EXAMI	FHEALTH					2 5	j	8	Ó
		SED NAME	FIRST	ME	MIGDLE	IVER 3	EKTIFICATE			REG. NO		GAY Y	YEAR 7h	
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BEE :	3. SEX	14	I RACE	S. DATE OF BIRTH	6 AGE (IN	YEARS IF UN		R 24 HRS. 2			MONTH	QAY 19		HOUR
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1	7a. BIRTH	IPLACE (STA		76. CITIZEN OF WE	HAT COUNTRY?	1.	ED NEVER MARK	9		RE CITY O	R COUN	TY OF DEA		a M
20	Ma	rylar	nd	U.S.A.		WIDOW			Anne .	Arund	- lel C	ounty		MD.
6/1	IO. CITY	OR TOWN C	OF DEATH		PITAL, NURSING HO		ER INSTITUTION	12a. USUA	AL OCCUPA	TION TTYPE	OF WORK	12b. KIND (OF BUSINI	ESS
224	Gle	Burn	ie	North Aru	indet Hosp	ital (DOA)	Nu	rse	40 tire)		Hosp:	ital	
35	13a, STAT	esidence (1 e d .	136 COUNT	TY	13c. CITY OR TOWN Brookly	1	13d. INSIDE CITY LIMITS?	13e STREE	5th	Ave				13
4	14 FATH	ER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MID	OLE		LAST		
2010	R	aymor		tkinson			Joa	an M		oward		chor.		
ONO A	168. WAS (YES, N	DECEASED O, OR UNKNOW	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUI		17. INFORMANT			ADDRESS				
PAG		NO			219 88	4562	Mr. Rayn	mond	Atki	nson	Sr.	same	as	13e
E, DI	18	CAUSE OF PARTIDEA	THI MAKE CALLEER	NA C	far (a), (b), and (c).)					18.9	WK-	APPRO: BETWEEN	XIMATE INTE	RVAL DEATH
PER		016	IMMEDIAT	TE CAUSE (a)	Cranio-cer		trauma							
ANSIT PER AL HYGIEN REMOVAL	7	Conditions	s, if any, which	DUE TO, OR	AS A CONSEQUENC	E OF								
ATAL A R	-	gave rise	ta immediate	(b)	AS A CONSTOURNE	5.05						-	-	_
D MEN		lying cause		(c)	AS A CONSEQUENC	E OF								-37
SED AS A BUPPAL HEALTH AND WE AL, CREMATION		RT 2 OTHER SIGI	NIFICANT CONDITIONS	CONTRIBUTING TO OFATN	BUT NOT RELATED TO THE T	RMINAL OISEASI	OR CONDITION GIVEN IN PA	ART 1 ioi.						
EA .	CERTIFICATION	DATE OF C	OPERATION	196 CONDIT	TION FOR WHICH OF	ERATION W	AS PERFORMED?					20 AUTO	OPSY?	
URIN	TIFIC											YES	N K	0 🗆
SAC SAC	W 216		CAUSEWAS	21b. TIME OF	MONTH DAY YE	AP 1	W INJURY OCCURR							
AR A	2 00		G CAUSE OF D	DEATH 3: 245	(10-25-19	81 Oc	cupant in	auto/	fixed	obje	et i	mpact	•	
DEP.	216 W	HILE	CCURRED NOT WHILE	STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LO	CATION TREET		CITY OR TOWN	4	cc	YTAUC		STATE
SAG STATE	A1	WORK -	NOT WHILE IX	roa	adb	Ham	mons Lane	& Mar	k Rd.	A	inne	Arund	el M	Id.
FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA ND, 21201 PRIOR TO BURIAL, C		22s. I certify	that I taak charg	e of the remains des	cribed abave, held ar	Autap	sy X Inspectio	an 🔲,	Inquiry [, and	d in my ap	pinian		
DIRECTOR: WITH THE	d	eath resulted	d fram: Natur	al causes ,	Accident X,	Suicide	, Hamicide	Undeter	mined man	ner ,				
MAR		TUAL	h.	100	~		TITLE (SPECIFY)							
PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, W BALTIMORE, MA		SNATURE_	M	MX	0	M	o. Assistar	nt MEDIC	AL EXAMIN	VER	DATE	ED 10-	25-81	
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E = < ab	23a.BURI. (SPECI		ial 2	36. DATE 10/28/81	23c. NAME OF C	Hi 11	Cemetery	23d. LOC	ATION	~	A COU		Md.	
	24. FUNE	RAL DIRECT						REC'D. BY R	okly		A · A		IVICE .	
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FOR STATE REGISTRAR ECEASED NAME PRE OR PRINT) RERUIT A RACE . 15. D.	MEDICAL EXAMIN	HEALTH AND MENTAL H' IER'S CERTIFICATE O	F DEATH REG. NO.). MONTH DAY YEAR
ECEASED NAME FIRST YPE OR PRINT) BERNIE	WIDDLE	LAST	20. DATE KNOWN	
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	CE /1		DEATH MARTED I	100 11 01
	ATE OF BIRTH AGE IN THE			MONTH DAY YEAR
2010 Willito 1	NTH DAY YEAR	AYI MONTHS DAYS HOURS	MIN: PRONOUNCED DEAD	11
	CITIZEN OF WHAT COUNTRY?	RS.		17
OREIGN COUNTRY)	U.S.A.		17.	Arundo
ITY OR TOWN OF DEATH				OF WORK 12b. KIND OF BU OR INDUST
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AL RESIDENCE (IF IN NURSING HOME OR OTHE STATE 13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI			
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FIRST MIDE	DIE LAST	IS MOTHER'S MAIDE	NAME	LAST
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		YNO. III. INFORMANT	ADDRESS	sameas
NO	A STATE OF THE PARTY OF THE PAR	0421 Mussell	Hall	#13
18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	e couse per line forms; (b), and (c).)	11.1	//	PROXIMAT B TWEEN ONSE
4 14 GIMMEDIATE CA		1 Centry	listed	quade
Conditions, it ony, which	DUE TO, OR AS A CONSENDER	01		
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	TO THE TERM	MAY NI NITELD WE CONDITION DISENTIN TAK	11(0)	
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		3		
21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME,	21f. LOCATION		
AT WORK AT WORK	STREET, PACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
-1	he remouns described change held -	Autonsy Insert	7 - 7	1:
1/				in my opinion
Scott resolied in	n / so		Underermined monner,	
ACTUAL SIGNATURE	Sparket	where Va	MEDICAL EVALUATED	DATE SIGNED 10 VE
	1 / 1/	M. W.	MEDICAL EXAMINER	SIGNED
EXAMINER'S NAME (TYPE OR PRINT)	Whatatt	ADDRESS A	respels:	me
(TYPE OR PRINT)		10011000		
RURIAL CREMATION REMOVAL 23h DA	ATE 3c. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION	5010177
	1 18 661 1 11	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	e AA m
RURIAL CREMATION REMOVAL 23h DA	1 18 661 1 11	emont	23d LOCATION CITY OR TOWN CT VIOLS ON VILL ECD. BY REGISTRAR 23b. REINS T 2 2 1981	COUNTY 5
F	CITY OR TOWN OF DEATH CITY OR TOWN OF DEATH JAL RESIDENCE (IF IN NURSANG HOME OR OTHER STATE 13b. COUNTY WAS DECEASED EVER IN U.S. ARMED FIRST WAS DECEASED EVER IN U.S. ARMED BY: INTERPORT OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CA Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I take character death resulted from Notice Contributions	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME 12. NAME OF HOSPITAL, NURSING HOME 13. COUNTY 13. COUNTY 13. COUNTY 13. CITY OR TOWN 13. COUNTY 13. CITY OR TOWN 13. COUNTY 13. CITY OR TOWN 14. COUNTY 15. COUNTY 16. SOCIAL SECURIT 17. COUNTY 18. CAUSE OF DEATH (Enter only one couse per limito this, lib), and couse (a) storing the underlying couse (a) storing the underlying couse lost. 18. CAUSE OF DEATH (Enter only one couse per limito this, lib), and couse (a) storing the underlying couse (b) storing the underlying couse lost. 19. DUE TO, OR AS A CONSE TO 19. CONDITION FOR WHICH OPER 19. CONDITION FOR WHICH OPER 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK 216. INJURY OCCURRED WHILE OF OPERATION 19. STREET, FACTORY, FARM, ETC.) 216. TIME OF INJURY ACCIDENT SECRET OF COURSE OF DEATH P.M. 19. STREET, FACTORY, FARM, ETC.) 217. STREET, FACTORY, FARM, ETC.) 218. Certify that I take chart of the remains described above, held an death resulted for Natural Couses Accident Supplied to Couses Accident Supplied Couses Supplied Couse Supplied Couse Sup	CONTRIBUTION CONTRIBUTION COURSE OF DEATH CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION COURSE OF DEATH CONTRIBUTION COURSE OF DEATH COURSE OF DEATH CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION COURSE OF DEATH C	TATHER'S NAME

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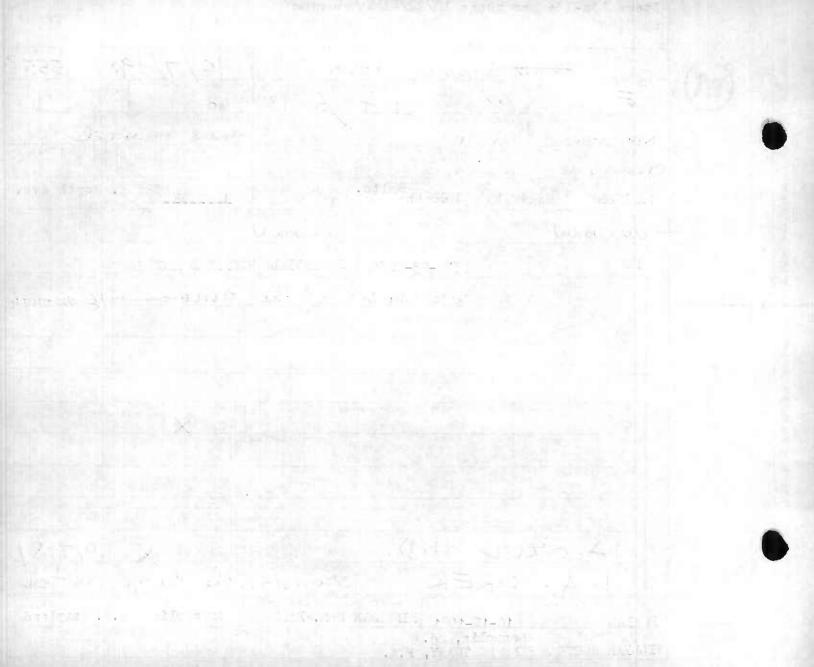
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	1-	STATE REGISTRAR		MEDICAL EXAM				NO.		4
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		E OR PRINT)					OF ESTI-			I. HOOK
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HOLDE.	3 SEX	4. RACE	5. DATE OF E		IN YEARS IF UT	NDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
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PAGE FILED	10. C	TY OR TOWN OF DEATH		F HOSPITAL, NURSING H		HER INSTITUTION	12a. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	YPE OF WORK	2b KIND OF BU OR INDUST	
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ANY DE AND 3 TRETAIN COULD 8 CECORDE		AL RESIDENCE (IF IN NURSING		ION, GIVE RESIDENCE BEFORE AD	MISSION)		13e. STREET ADDRESS			
AND SHOUL		TATE 13b (OUNTY	13c. CITY OR TOV		13d. INSIDE CITY LIMITS? YES NO E		han for	DT	
2 = 28.5			BeAe	Severna	Park	15. MOTHER'S MAIDE	604 Westmor	erand	Place	
MD. ATH.	14, 17	ATHER'S NAME FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
THE SEE		Alois		Dangelmaie	er	Frieda		Unkne	own	
MORE, A		VAS DECEASED EVER IN U	S. ARMED FORCES		URITY NO.	17. INFORMANT	ADDRE	SS		
BALTIMORE, RS AFTER DE GIVE PAGE WITH FORM PAGES 1 PAGES 1	1	NO	S, GIVE WAR ON DATES!	216-42-6	(E02	Robert B.	Esau Sec. 13			
URS AFTE URS AFTE B. GIVE P WITH FO PAGES DIVISION	H		ter anly and course	er line far (a), (b), and (c)		THOUSE O. D.	BSau Dec 13		APPROXIM ATE	INTERVAL
· > 0 - 1 - 1		PART I DEATH WAS C	AUSED BY:	13	,	/ /	///	-0	BETWEEN ONSE	T AND DEATH
PRESTON ST. WITHIN 24 HC CIL IN ITEM 1 INER ALONG ANSIT PERMIT FAL HYGIENE,		III III IMA	AEDIATE CAUSE (a).	CHO	con	fre til	y Charles		-	1.
HIN 2 IN IT IN IT IN IT IN IT IN IT SIT PI		4147		O, OR AS A CONSEQUEN	NCE OF		1			7
ANS		Canditians, if any, gave rise to imm		200 YES 111				100		
W. I BEN AMIL ENT REA		cause (a) stating the		O, OR AS A CONSEQUEN	NCE OF					
- X450		lying cause last.	(4)							
6 0 - 7 - 5 - 5		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	OF ATH RUT NOT BELATED TO THE	TERMINAL DISSA	CE OF CONDITION CIVEN IN PAR	T 1 (a)			
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TALR RD "PI CHIEF USED OF HE	S	190. DATE OF OPERATION	19b. C	ONDITION FOR WHICH	OPERATION V	VAS PERFORMED?			20. AUTOPSY	1
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E, WRIT RWARD PAGE STATE		AT WORK AT WORK						/		
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23a.B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE				CITY OR TOWN	N	COUNT	ry st	ATE
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	NAME		ADDRESS							and fait	ilu
Ru	ick Tows	son Funer	al Home,	Inc. 1050	York	Road UU	1 8 19	01 0100	D com	3000	
	7a. B FC (1Y/1) 3. SE: 10. C (1/1) 16a. \(\frac{1}{3} \) 16a. \(\frac{1}{3} \) 23a. \(\frac{1}{3} \) 24. \(\frac{1}{3} \)	T. DECEASED NAMI (IYPE OR PRINT) 3. SEX 70. BIRTHPLACE (5) FOREIGN COUNTRY) Ma: 10. CITY OR TOWN OSUAL RESIDENCE 130. STATE Mary lai 14. FATHER'S NAME FIRST PO 18. CAUSE O PARTI DE Condition gove ris couse (o) lying cou PART 2 DIHER SII VOID CONTRIBUTE 210. EXTERNA UNDERLYING CONTRIBUTE 210. ICATE AT WORK 220. 1 certif death resulte ACTUAL SIGNATURE EXAMINER'S (IYPE OR PRINT 230. BURIAL CREMA' (SPECIFY) BU: 24. FUNERAL DIRECT AMME 25. FUNERAL DIRECT AMME 26. FUNERAL DIRECT AMME 26. FUNERAL DIRECT AMME 27. FUNERAL DIRECT AMME AMME 27. FUNERAL DIRECT AMME AMME 27. FUNERAL DIRECT AMME AM	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 3. SEX 4 RACE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH COULD MARY LAND 14. FATHER'S NAME FIRST Peter 160. WAS DECEASED EVER IN U.S. ARI (YES. NO. OR UNKNOWN) (IF YES. GIVE NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost. FART 2 DTHER SIGNIFICANT CONDITIONS 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF ICAL CONTRIBUTING CAUSE OF ICAL CONTRIBUTING CAUSE OF ICAL CONTRIBUTING AT WORK 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF ICAL CONTRIBUTING CAUSE OF ICAL CONTRIBUTION CAUSE OF ICAL CONTRIBUTION CONTRIBUTION CONTRIBUTING AT WORK 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING AUSE OF ICAL CONTRIBUTION CONTRIBUTION CAUSE OF ICAL CONTRIBUTION CONTRIBUTION CAUSE OF ICAL CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUSE OF ICAL CONTRIBUTION CONTR	To STATE REGISTRAR I. DECEASED NAME (IYPE OR PRINT) J. SEX RACE S. DATE OF BIRTH MONTH DAY MARY LAND SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVI 136. COUNTY MARY LAND MIDDLE PETER MIDDLE PART JAME FIRST MIDDLE PART JOURNNOWN) IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C) DUE TO, OR LONG LONG PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY MONTH 190. DATE OF OPERATION 190. CONDITION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 210. INJURY OCCURRED WHILE AT WORK AT WORK 210. TIME OF HOUR A.M. 210. STREET, FACTO STREET, FACTO STREET, FACTO MUNDERLY HOR AT WORK 220. ECERTIFY that I taok charge of the remains desc death resulted frams. Not real causes CEXAMINER'S NAME EXAMINER'S NAME EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 231. DATE BURIAL 232. BURIAL, CREMATION, REMOVAL 233. DATE BURIAL ADDRESS ADDRESS	To BEPARTMENT OF MEDICAL EXAMIN 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 3. SEX 4 RACE 5. DATE OF BIRTH ANN 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER RISTITUTION, GIVE RESIDENCE BEFORE ADMS 18 COUNTY? Maryland 10. CITY OR TOWN OF DEATH ANN 11. NAME OF HOSPITAL, NURSING HOME OR OTHER RISTITUTION, GIVE RESIDENCE BEFORE ADMS 18 COUNTY MARYLAND 13. CITY OR TOWN ANN 14. FATHER'S NAME FIRST Peter J. HOPE HOTVATH 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI (YES, NO, OR UNKNOWN) 16 YES, ORE WAS ORD DATES) 16. SOCIAL SECURI 215-42-10 18. CAUSE OF DEATH (Enter only one couse per interest only one couse per interest only one couse (c) stating the under- lying couse lost 16. CAUSE OF DEATH (Enter only one couse per interest only one couse (c) stating the under- lying couse lost 16. SOCIAL SECURI 215-42-10 18. CAUSE OF DEATH (Enter only one couse per interest only one couse per interest only one couse per interest only one couse (c) stating the under- lying couse lost 16. SOCIAL SECURI 215-42-10 18. CAUSE OF DEATH (Enter only one couse per interest only one couse (c) stating the under- lying couse lost 18. CAUSE OF DEATH (Enter only one couse per interest only one cous	FOR DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CO.	STATE REDISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DISTRACE LAST LAST	DEPARTMENT OF HEALTH AND MENTAL HYGENS REDISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH IDECASED NAME (IPEC OR PRINCI) J. SEX RACE J. DATE OF BIRTH J. SEX RACE J. SEX RACE J. DATE OF BIRTH J. SEX RACE J. SEX	FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGITAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGITAR NECESSORY (1881) 1. DECEASED HAME INTO INVAVI) 1. SEX RACE 1. DATE OF BRITH 1. DAT	1- STATE S

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MA hed you	0	UNKNOWN			UNKNOW	NN	170
MORE,	160	WAS DECEASED EVER IN U.S. AT YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRESS	
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riticate physical phy		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUST	nly ane couse per line far al	, (b , and (c . ·	0 1	P 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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beer mut.	7 8	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
TALRE IC The Ic icion. Ite has not per per general shows.	CERTIFICAT					YES NO	YES NO
N OF VITA SICIAN; IT ng physicic certificate certificate entol Hygist frem 18 shr	3 8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEM	1 1B, PART 1 OR PART 2)
ON OF V	S A L	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			
DIVISION OF VITAL RECORDS, DING PHYSICIAN; The low require or offending physicion. After this certificate has been signed on the burial-transit permit. Then alth and Mental Hygiene prior to be marked or them 18 shows any injury	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
3 0 0 E		22a.l certify that (I) (this hasp	ital) attended the deceased	from	, 19_	, to	, 19, that (I) (we) last
TTEN Spitol CTOF for i		sow the deceased alive an above, (1) (we) (did) (did no	nat) view the bady after death		nd that in (my) (aur) of	oinian deoth accurred an the date and	hour and from the causes stated
OR ATTEN Te hospital DIRECTOR: Sched for us Sched for us Dept of ten		226. SIGNATURE	11		DEGREE	INC. APPLICAL STAFF	22t. DATE SIGNED
- f - f - T		1.H. O	er //	1).	ATTEND PHYSIC		10/7/8/
HOSPITAL ned by th FUNERAL uld be detected to the Store ORTANT:	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)		220 ADDRESS	1. 1. 100 Pos	1. CON TOA
TO HOSPITA efficient by TO FUNERA should be de with the Stotl MPORTANT		1 1. A .	UKEK		crows		1. when
100		BURIAL, CREMATION, REMOVAL	The second second second		EMETERY OR CREMAT	CITY OF TOWN	A.A. Maryland
1205 BP		URTAL UNERAL DIRECTOR	10-12-1981		N MEM. PAR	a. DATE REC'D. BY REGISTRAR 25b. RE-	
DHMH - 16 60M 1/75 (VR A 15 (4))		NAME 4	Annapolis, Md				
1	W.T	LLIAM REESE & S	SONS MORTUARY	· P.A.		OCT 1 6 4004 27	V. W. the



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR		DEPAR		CATE OF	MENTAL HYO	REG. NO.	5 (
	ECEASED NAME	FIRST	WIDDLE	LA	IST			DAY YEAR	26 HOUR
	TE OR PRINTIP	WILLIAM	JAMES	FERG	GUSON		10 0	7 81	700 1
3. S	EX	4 RACE		5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	MALE		WHITE	12	12	09	71 YRS.	MONTHS DATS	HOURS MIN,
.7a. I	BIRTHPLACE (STATE C	DR FOREIGN 76. CITIZI	EN OF WHAT COUNTRY	/? 8. MARRIED	K NEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY	OF DEATH	
	PENNSYLVA		U.S.A.	WIDOWE		IVORCED [ANNE ARUNDEL		MD.
10 0	CITY OR TOWN OF D		ME OF HOSPITAL, NURS OT IN SUCH FACILITY, GIVE STREE		R OTHER INS	NOITUTITE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	FE) INDUSTRY	Joe L.
	GLEN BURNI		ARUNDEL HOS		- D.O	.A.	MECHANIC	Winner	, Inc.
13a.	STATE	13b COUNTY	136. CITY OR TO		13d. INSIDE	CITY LIMITS?	IJE. STREET ADDRESS	OT D-2	
-	MARYLAND	A.A.	JESSU	P	YES [NO X	HOLIDAY MOBILE	HOME ES	STATES
14 1	FATHER'S NAME FIRST	MIDDLE	LAST			'S MAIDEN NA	WIDDLE	LA	ST
1/	WILLIA	M R IN U.S. ARMED FOR	FERGUSON			LIZABET		SHAMRO	
	(YES_NO OR UNKNOWN)	(IF YES, GIVE WAR OR D	ATES)		17 INFORM			VERN, N	
_	YES	1935-19	38 214-12	-8674	SHIRL	EY WOOD	1074 MINNATONK		21144
16	Conditions, if or gove rise to in couse (a), sto underlying cou	mmediate ting the ise lost.		UENCE OF	c /		THE CANCER	34	MONTHS
NO NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 2.								
CERTIFICATION	190. DATE OF OPER	PATION 19b.	NONE	H OPERATION	WAS PERFO	IN CERTIF	S, WERE FINDS		
	OR CONTRIBUTING	CAUSE OF DEATH HO	TIME OF INJURY UR A.M. MONTH I P.M.	YEAR	21c. HOW II	VJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART 1 OR PART 2)	
MEDI	OR CONTRIBUTING FLOSE OF DEATH 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 19 WHILE AT WORK AT WORK AT WORK 19 AT WORK AT WORK 19 WHILE AT WORK 19 WHILE AT WORK 19 WHILE 19							COUNTY	STATE
	220.1 certify that (I) (the hospital) attended the deceased from TULY , 19 1, 10 OCTOBER 7, 19 sow the deceased olive on OCTOBER 3 19 51, and that in (my) (some opinion death occurred on the date and hour above, (I) and not view the body offer death.							19 r ond from the	that (I) (we) lost couses stated
	226. SIGNATUR	NAME (TYPE OR PRINT)			EGREE O,	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	IJE DATE	18/8/
	EGATING.		W D				NG HOGDIMAT		
-	I PETER A	LBERTSEN,	м, и,		_ JUHN	S HOPKI	NS HOSPITAL		

BP.

O FUNERAL DIRECTOR: After this should be detoched for use os with the State Dept. of Health

the buriol-tronsit permit. Then please remove contond Mentol Hygiene prior to buriol, cremotion, o certificate has been signed by

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 10-12-81 231 NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM. PK.

23d LOCATION
CITY OR TOWN
ELKRIDGE

HOWARD

24 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b. DATE

250 DATE REC'D. BY REGISTRAR 9

and consider the state of the control of the contro AND THE CONTRACT OF THE PARTY OF THE CONTRACT The last of the armitist will be a second of the second of

1781	1-	FOR STATE REGISTRAR		м		MENT OF	HEALTH		TAL HYGI	EATH	2. G. NO.	509	2
		CEASED NAME	FIRST		WIDDLE			LAST		20. DATE KNOV	VN X MONTH	DAY YEAR	26 HOUR
	(11)	PE OR PRINT)	ROBER	T	N.		F	ILIE		OF EST		23 1981	
	3. SE	(4. RACE	S. DATE OF BIRT	Н	6. AGE IN YE.	ARS IF UN	DER 1 YR. IF	UNDER 24 HR	RS. 2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
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4	70 B	RTHPLACE (ST.	ATE OR	76. CITIZEN OF	WHAT COUN	VTRY?	8. MARRI	ED NEVEL	R MARRIED	9 BALTIMORE	ITY OR COU	NTY OF DEATH	
		Maryla		United			WIDOW		DIVORCED [Anne Ar			MD.
I	10 C	ITY OR TOWN	OF DEATH	11. NAME OF H		RSING HOME	OR OTH	ER INSTITUTIO	F	USUAL OCCUPATION FOR MOST OF WORKING LIF	E)	OR INDUST	JSINESS RY
	INC.	Annapol	is	2113 B	ay Fro	nt Dr.			l	_ithograp	ner	Printi	ng
	13a S	tate arylanc	13P CON	OR OTHER INSTITUTION	13c. CITY	e BEFORE ADMISSI OR TOWN napolis				STREET ADDRESS	Front	Terrac	e
	14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S	S MAIDEN NA			LAST	
		Ne		T.		ilie		L	_avilet	te		/right	
	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT		17. INFORMA	NT	ADI	DRESS		
ļ		Yes	W	W II		16 01	128	Mrs.	Laur	el Filie		Same	History
I		18. CAUSE OF	ATH VALAC CALLCE	nly ane cause per l								APPROXIMAT BETWEEN ONSE	E INTERVAL
		CA 16	IMMEDIA	TE CAUSE (a) Pe				t gunsl	hot wou	und of hea	d (hand	dgun)	
		7.5.5	s, if any, which		DR AS A CO	NSEQUENCE (OF						
	-	gave rise	e ta immediate	(b)									
		lying caus	stating the <u>under</u> e last.	DUE TO, C	DR AS A CON	NSEQUENCE (OF .						
		BART 2 OTNER CIE	NICICANT COMPATABAG	(c)	YD AUT DOT ACT								
	z	PAKI Z UINEK SIG	MITICANI CUMUIIIUNS	CONTRIBUTING TO OEA	IN BUT NOT KEL	KIED TO THE TERM	INAL DISEASE	OR CONDITION GI	IVEN IN PART 3 (a)				
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	IFIC				The Condition of Which of English Was Fell Grands:							HEAD (YINC
	MEDICAL CERTIFICATION	21a. EXTERNA			OF INJURY		21c HC	W INJURY O	CCURRED (EN	TER NATURE OF INJURY IN	TEM 18 PART 1 OR F		
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		death resulte		ral causes .	Accident		icide X	Hamicide		determined manner	ana in my i	ahinian	
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		ACTUAL SIGNATURE	11 11	MAD	2		100			NEDICAL EXAMINER	DATI	NED 10-24	-81
-	E -		1	11			711				SIGN	NED_IV.EI	
-	-	EXAMINER'S I	T)	Ann M. D	ixon,	M.D.		ADDRESS	111 Per	nn St.			
	21	SPECIEVI	ION, REMOVAL				METERY OF	CREMATORY	7 234	LOCATION		unty s	TATE
111	m	Burial		10/27/8	31	Maceo	don (Center	13	Macedon	,	New You	rk
		UNERAL DIRECT	TOR Hen	Y W. ADDR	enkins	s & Sc	ns C	Co. 250		BY REGISTRAR 256	REGISTRAR'S	MAI)
	4	905 Yo	rk Road	d Balto	. , Mo	d. 21	212		OCT 2	6 1981	cancer	Can / latt	rev 1

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	1	2	5	U	9	5
	REG NO					

V	1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE REG. NO.	5 4 7 5				
	I DE	CEASED NAME FIRST	MIDDLE	No.	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR				
	,,,,,,	Margan	et L.	tul	ler	Get. 1	7 1981 75 PM				
	3. SE		4 RACE	5. DATE C		6. AGE IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HR5				
		Female	White	Nov	. 13. 1897	83 yrs.	MONTHS DAYS HOURS MIN				
1	70. BI	RTHPLACE JISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		9. BALTIMORE CITY OR COUNT	Y OF DEATH				
F		Manyland	U.S.A.	WIDOWE	D NEVER MARRIED L	Anne Anundel	County, MD.				
	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
0		Pasadena	5127 Mountain	Rd.	21122	TYPE OF WORK FOR MOST OF WORKING LI	Home				
BE	130,5	AL RESIDENCE (IF NURSING HOMEOR STATE) 36 COUN aryland inner		NWC	YES NO 🗷	13. STREET ADDRESS	Rd. 21122				
20	14 FA	ATHER'S NAME FIRST	W. Bechto	1d	15. MOTHER'S MAIDEN NAM	MIDDLE	achter				
1	16a V	VAS DECLASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS Pa	sadena, Md.				
	(1	YES NO OR UNKNOWN] I IF YES, GIVE	- 213-74-	-0566	Mrs. Evelyn 1	Hoffman 5129 Mou	ntain Rd. 21122				
		18 CAUSE OF DEATH (Enter onl	ly one cause per line for (a), (b),	ond (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DE ATH WAS CAUSED	SUDDEN								
	10	4100									
H		Conditions, if any, which	(B) ARTER	10541	exotic HEART	DISEASE	15 YRS				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF							
711	4.5	underlying couse lost	(c)								
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
-	AT	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED					
7	LIFIC	3 3 W - 100				YES NO YES NO					
3	CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED JENTER NATURE OF INJURY IN ITEM 18,					
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
4	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE. FARM. ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	~	AT WORK AT WORK									
-1	-	22a.1 certify that (1) (this hospital) attended the deceased from 1965, 19, to OCT+ 16, 19, that (1) (we) last									
		sow the deceased alive on above, (1) (see) (did) (did)	t) view the body after death.	\$ 1.01	nd that in (my) (aux) opinion o	death occurred on the date and hou	ur and from the causes stated				
11		226. SIGNATURE	1.0	lance cres	22c. DATE SIGNED						
		arthur Lauf	ofred Y- no N	3 3	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-17-81				
1		22d. PHYSICIAN'S NAME (TYPE OR	RPRINT)		22e ADDRESS						
1		ARTHUR LAN	KFORD, JE	M.D.	7.934 Mt. Pd.	YASADENA M	721122				
	23a. 8	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
		Burial	10/20/1981	Immanue	el Luth. Com.	Baltimore	Md				
	24 FL	UNERAL DIRECTOR	ADDRESS		21122 250. DATE	REC'D. BY REGISTRAR 256. REGIS	TRAPE SIGNATURE				
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MARYLAND IN CONTROL OF DEATH IN NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN COUNTY JUSTAL RESIDENCE (P IN NORTH SUCRIFICATION OF STREET ADDRESS) WARKLAND ANNE ARUNDEL PASADENA IN FATHERS NAME HYMAN IN ARRED HOSE (CITY OR TOWN) IN COUNTY MARYLAND ANNE ARUNDEL PASADENA IN FORMANT MIRES MAIDEN NAME HYMAN IN MODIE GARBUS GARBUS GARBUS GARBUS IN MOTHER'S MAIDEN NAME HYMAN IN EVEN DECEASED EVER IN U.S. ARMED FORCES? IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. IN SCOUNTY IN EVEN DECEASED EVER IN U.S. ARMED FORCES. I
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19. CAUSE OF DEATH (Enter only one cours per line for (a), (b), and (c)) 18. CAUSE OF DEATH (Enter only one cours per line for (a), (b), and (c)) 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10. AUTOPSY? 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10. EATHER NATURE OF HIJBRY N. THEM IS PART I DEPART 20 PART 20
MARYLAND MARYLAND ANNE ARUNDEL BIS. CITY OR TOWN 134 BISSECT LORRES 10.23 GENIE DR. #21061 14. FATHERS NAME MADDLE LAST STREET ADDRESS 10.23 GENIE DR. #21061 15. MOTHER'S MAIDEN NAME MODIE MADDLE M
15 MOTHER'S MAIDEN NAME
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UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted from the susses Accident Signed Homes. 22a. I certify that I took charge of the remains described above, held an death resulted from the susses Accident Signed Homes. ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) EXAMINER'S NAME (TYPE OR PRINT) ADDRESS AND
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deoth resulted from the remains described above, held an Autopsy I, Inspection I, Inquiry I, and in my apinion deoth resulted from the last of the remains described above, held an Autopsy II, Inspection II, Inquiry II, and in my apinion TITLE (SPECIFY) ACTUAL SKNATURE ADDRESS MEDICAL EXAMINER DATE SIGNED ADDRESS More Corp. ADDRESS MORE
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BALTIMORE MARYLAND
24 FUNERAL DIRECTOR SOL LEVINSONDE BROS INC 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
6010 PETCTED CTOWN DD PAITO MD 21215 OCT 28 1981 Rances Van lather

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3.2	1	FOR STATE		DEPART		HEALTH AND MENTAL HYG	IENE O 1	. 5 0	7 /
	_	REGISTRAR		1	CEKIII	ICATE OF DEATH	REG. NO.		E.D.T.
-		CEASED NAME FIR		MIDDLE		LAST	20 DATE OF DEATH MONTH		HOUR
18		77.0	LLIAM			DAFFER	OCTOBER 10	,	3:35
1	3. SE	Male	4 RAC		S. DATE	DAY NEAR	6 AGE IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
	76 D	IRTHPLACE (STATE OR FOREIG		White	Jan	. 6, 1911	/O YRS		
20		COUNTRY)	76. CII	U.S.A.	MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
-		Haryland ITY OF TOWN OF DEATH	11 N	IAME OF HOSPITAL, NURSI	WIDOWE		ANNE ARUNDEL CO	12b. KIND OF BU	M
54	GI	EN BURNIE	(11)	NOT IN SUCH FACILITY, GIVE STREE	HOSP:		TYPE OF WORK FOR MOST OF WORKING L	INDUSTRY Atomic	Energ
35	130	AL RESIDENCE (IF NURSING HESTATE 13b.	COUNTY	NSTITUTION GIVE RESIDENCE BEFORE	VN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS OCKEY DRI	ve 21	122
	14. F	THER'S NAME				15. MOTHER'S MAIDEN NA	ME		
20		Charles	MIDDLE	Geisendal	len	Katherin	e Mode	Bach	
T	16a \	VAS DECEASED EVER IN U			JRITY NO.	17. INFORMANT	ADDRESS		
	,	YESYNOOR UNKNOWN) (IF	WW Z	212-14-	2430	Mary Mildred	Geisendaffen .	Same as #	13
		18 CAUSE OF DEATH (Er	nter only one	couse per line for 16), (b), or	nd (c).) =	1		APPROXIMATE BETWEEN ONSE	INTERVAL
		PART I. DEATH WAS C	EDIATE CAL	JSE (O) Car	din	Correct			
		70100	D	UE TO, OR AS A CONSTOL	ENCE OF	*		5 65 7	
		Conditions, if ony, whi		(b) Cardin	in	rythmina			
		couse (a), stating to	he 1 D	UE TO, OR AS A CONSEQU		- 8			
			_ ((c) Certery	-		biron who &		
	z	PART 2 OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)	
-	CERTIFICATION	190. DATE OF OPERATION	119	DE CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS	USED
2	FIFE						IN CERTIFYING CAUSES OF DEATH?		
9	CER	210. ACCIDENT WAS UNDERLYIN		L TIME OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18		<u> </u>
7	AL	OR CONTRIBUTING CAUSE	OI DEATH	HOUR A.M. MONTH D	AY YEAR				
	MEDICAL	21d INJURY OCCURRED		e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE
	2	AT WORK AT WORK		THOME, SINCELL, PACIONT, OFFICE	ranm, erc j				
		220.1 certify that (I) (this	hospital) att	tended the deceased from.		. 19	, to	. 19, that	(I) (we) Ta
43		sow the deceased old obove, (1) (we) (did) (did not) view	the body after death.	, 00	nd that in (my) (our) apinion o	death accurred on the date and had	ur and from the caus	es stoted
		226. SIGNATURE	//)		DEGREE		22c. DATE SIGI	NED
		Jon on	100	Mertuo ,	m. l	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	Oct. 12	, 1981
1		220 PHYSICIAN'S NAME				22e. ADDRESS 325 H	HOSPITAL DRIVE		100
		JOSE M. PR	RESBIT	ERO, M.D.		GLEN	BURNIE, MARYLAN	D. 21061	
	23a	SURIAL, CREMATION, REM			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE.
		SPECIFY Burial	1	0/13/1981 M	to Can	mel (emetery		Anundel	Md
B1	24 F	JNERAL DIRECTOR		ADDRESS	2	21122 250 BATI	E REC'D. BY REGISTRAR 25b. REGIS	IRAN SHOMATURE	
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FOR - STATE

must be notified

MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	193	REGISTRAR				V.EKTIF	ICATE OF D	EAIN	RE	G. NO.		
		CEASED NAME	FIRST	-	MIDDLE	· ·	AST		2a. DATE OF DEA		DAY YEAR	2b. HOUR
١			WILLI	LAM	KENNET	CH	GENT	11.00	Octo	per 2,	1981	11/ PMM
1	3, SEX	,	4 R	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LA		MONTHS DAYS	
9	1	MALE		Wh	ite	June		1922	E /	59 YRS	IMONINS DATS	NOOKS MIT
1	CC	RTHPLACE (STATE OR F	OREIGN 7b		WHAT COUNTRY	? 8 MARRIE	NEVER A	ARRIED	9. BALTIMORE CI	_		
5		laryland			.S.A.	WIDOWE		ORCED			L COUN	MD.
A		TY OR TOWN OF DE	-		HOSPITAL, NURS		OR OTHER INST	ITUTION	OTTO USUAL OCCL		12b. KIND LIFE) JNDUSTRY	of BUSINESS OR
Q		en Burni	1/	low	arune	Xell	on. Ce	Men	Drafts			
	13a. S	TATE	136 COUNTY		13c CITY OR TO	WN .	13d INSIDE C	ITY LIMITS?	13e. STREET ADDR 212 Ki	ESS (G1	en Gar	dens)
4		ryland THER'S NAME	A . A	3.	Glen Bu	irnie	YES	NO X		lethe	Ra.	
0	17.10	Willia	ım H	•	Gent			abe1	MIDI	DLE	Borko) Wski
		(AS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SEC	URITY NO.	17 INFORMA	NT (Wif	e) A	DDRESS S	ame as	; # 13
		Yes	W.W.	II	218.14	6875	Mrs.	Haze1	M. Gei	nt		LIS. S
		18 CAUSE OF DEAT	H (Enter only a	ne cause per	line for (a), (b), a	ind (c).1					BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		TAKTI. DEATH Y	IMMEDIATE C		Coldi	s pul	honor	y all	vert			
		4395		DUE TO, O	R AS A CONSEQU	UENCE OF		1			1	
		Conditions, if any gove rise to im-		(b)	ASC	VE	4	CIFF				
	. 3	cause (a), statis	ng the	DUE TO, O	R AS A CONSEO	UENCE OF	1000			,	SHOW	
	N	PART 2 OTHER SIG	((c)	Cerel	A DE ATHERUT	Musc		In fresh	'ceence	IVEN IN PART 1	
	NO	PART 2 OTHER SIG	19 P	nons <u>cc</u>) INTRIBUTING IC	A en 1	NOI RELATED	-C.) C	NAL DISEASE OR	CONDITIONS	A.L.	(0)
3	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FIND	
7	TIFE								YES NO	_	TIFYING CAUSE YES []	NO [
1		21a. ACCIDENT WAS UN		21b. TIME O	F INJURY M. MONTH I	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM 18	, PART 1 OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDIC		Ρ.,		19						
	MEDICAL	21d INJURY OCCUR		21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATIO	N	CITY	ORTOWN	COUNTY	STATE
		AT WORK AT WO	ORK U									
		22a 1 certify that (1) sow the deceas		ottended th		-) - (. 19 8 1	, to	- 2	, 19 8 1	, that (1) (we) last
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ł,		220. SIGNATURE	(, 1	16) (2	DEGREE	TTENDING _	MEDICAL _	STAFF _		E SIGNED
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	24 FU	NERAL DIRECTOR	1600	w	ADDRESS	Glen	Burni	e OCT	FREC'D. BY REGIST	CALLCO	ARSSIGN	Kithen
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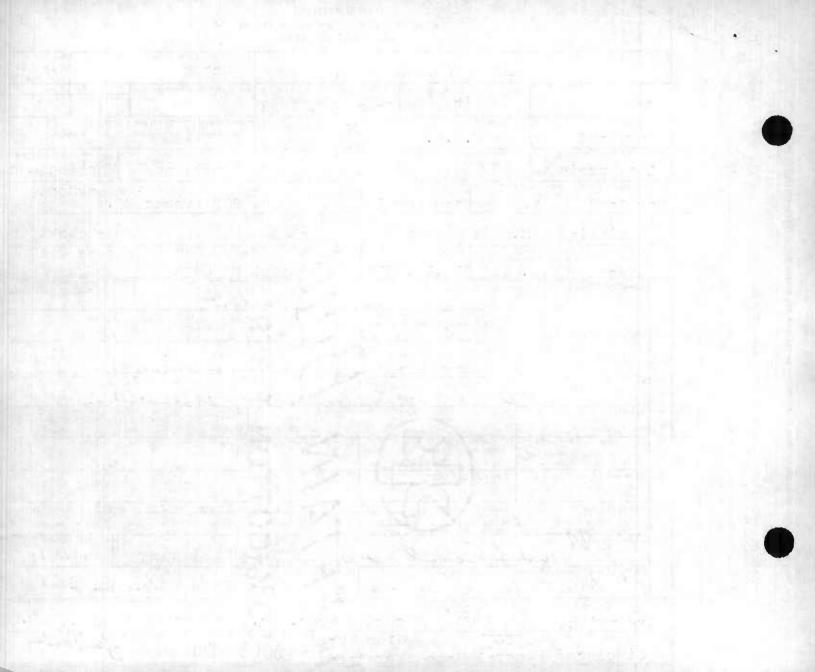
DHMH - 16 50M 1/76 (VR A 15 (4))

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Funeral

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FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24. FUNERAL DIRECTOR

Kirkley Funeral Home, Glen Burnie

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haure after death. retained by the hospital or attending physician.
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8		FOR		DEPAR		OF MARYLAND EALTH AND MEN		ENE 8 1	2	5	0
	'-	STATE REGISTRAR			CERTIF	ICATE OF DEA	TH	REG.	NO		
		CEASED NAME FIRST	MI	DDLE	t	AST		2a. DATE OF DEATH		DAY YEAR	2b. HOUR
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4		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF W	HAT COUNTRY	Y? 8	NEVER MAR	RIED 🗆	9. BALTIMORE CITY	OR COUNTY	OF DEATH	113
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B (例)		ownsville	(IF NOT IN SUCH	FACILITY, GIVE STRE	EET ADDRESS)	s Chape		TYPE OF WORK FOR MOS		FE) INDUSTRY	of Business of Home
pe	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEF	ORE ADMISSION)		10-10			101111	Road
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ic e		33 (2) WWED	IATE CAUSE (0)		1	0 1		2010-0			0
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ork		AT WORK			Des	2	79	ord	15	81	
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n 21		above, (I) (vertical) (did	not) view the body of	tter death.	, 01) opinion a	eath occurred on the	dote and hou		
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≤	23a. B	URIAL, CREMATION, REMOV				EMETERY OR CREA		23d. LOCATION		COUNTY	STATE
13 4 6 7		Burial	17 Oc	t.81 C	edar	Hill Ce		Baltimo	re, A.	A. Md.	
0		INERAL DIRECTOR		-ADDRESS			25a. DATE	REC'D. BY REGISTR.		TRAPE STONA	ow
	JE	ames S. Kirl	clev. Gle	en Bür	nie,	Md.	1 00	T 20 198	Com	in Stan	- lavery

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. 9.6		ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	2.6	SUSAN	m	GR.	AY	10-26-	
(周到)	3 SI	Frmalz	1. RACE BLACK	MONT		6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
1	7a. 6	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	28 35	9 BALTIMORE CITY OR	1110
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by the fulled with	AN	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ! ANNE ARUNDEL	GINERA	OR OTHER INSTITUTION	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINESS OR
filled in hould be	130. MA	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE INTY 13c. CITY OR	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1165 Madis	on Street
d 2 s	14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA		LAST
0000		JAMES	SIM		ANNIE		WASHINGTON
Poges medico	NO	WAS DECEASED EVER IN U.S. A DES. NO OR UNKNOWN) (IF YES, G	RMED FORCES? 1166. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
ers. P					DANIEL BROWN	1165 Madison	St. Annapolis, Md
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ol, cre		underlying couse lost	DUE TO, OR AS A CONS	EOUENCE OF			
Then ple to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
spows ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTÓPSY? 21	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \equiv \equiv \text{NO} \equ
riol-tror riol-tror entol Hy		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	LITEM 18 PART I OR PART 2)
th ond Morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET FACTORY, OF	FICE FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heol		sow the deceased alive or above, (I) (we) (did) (did n	oital) attended the deceased from 10-26. at) view the body after death.	- A	nd that immy (our) opinion	to 10-26 deoth occurred on the dote	ond hour ond from the couses stoted
NERAL DIRE be detoched e Stote Dept TANT: If there		226 SIGNATURE	May	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 10-26-81
TO FUNERAL should be detivened by with the Stote (MPORTANT:		201 SHESCIAN'S NAME (TYPE	PILICETI	-	22e ADDRESS		
F ™ 3 ₹	23a 1	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
		URIAL			MEM. PARK	Annapolis	Eng Funcal A A
I-16 50M I/B1 /RA 15, 4)	24. FI	UNERAL DIRECTOR	Annapolis	Md.			SISTRAR SIGNALINE
	W.T	LLTAM REESE &	SUNS MORTUARY,	P.A.		CT 2 9 1981 /	name from the

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1		Carr		V.	Gr	een	/	0-17-8	/
(M)	1. SE	F	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		DATS HOU
		RYLAND		S.A.	8. MARRIE WIDOW	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	
1 1 1 3		ITY OR TOWN OF DEATH			IG HOME	DROTHER INSTITUTION RAL HOSPITAL	120. USUAL OCCUPAT	ION 12b. K1	ND OF BUS
24 hour filled in to ould be f	USU 13a MA	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	13r. ANNAPOY		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Center St.	
mpletely ond 2 sh	14 F/	ATHER'S NAME FIRST BENJAMIN	MIDDLE	BROWN		15. MOTHER'S MAIDEN NA FIRST TRENE	ME MIDDLE	BROWN	LAST
on ond co	160 V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU	IRITY NO.	NANCY GREEN	nnapolis, N	ESS	
equires that the death in signed by the ottendi Then please remove coi r to buriol, cremotion, o injury, or ather traumot	NO	Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, C	AATEMIA DR AS A CONSEQUE CONTRIBUTING TO I	INCE OF	elsnotie C			Y EA
on. hos been to permit. The permit. The permit. The permit is own only in	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
tending physici tending physici r this certificate the buriol-fronsi and Mentol Hygi ed or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EACH OF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPERT	(ER) P	OF INJURY .M. MONTH D .M. OF INJURY REET, FACTORY, OFFICE F	19	21t. HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PAI	RT 2}
ATTENDING cospital or of ECTOR: After sed for use as 1 of the of		220.1 certify that this has sow the deceased alive above, (I) (we) (did) (did) (22b. SIGNATURE	n 10 -1	19_		nd that in (my) (our) apinion	to 10 - 1		
by the h ERAL DIR Getoche Stote Dep		Ron Put 22d. PHYSICIAN'S NAME (TYP)		con			MEDICAL STA	FF _ I G	DATE SIGN
should be with the S		ROMALY F	Pic Ker	7		22e. ADDRESS			
	23a	BURIAL, CREMATION, REMOVA	10-21			EMETERY OR CREMATORY IURCH CEMETER	23d LOCATION	ter A CAUNTY	Mary

STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

WILLIAM REESE & SONS MORTUARY, D.A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

12b. KIND OF BUSINESS OR

_____, that (1) @ lost

22c. DATE SIGNED 10-18-81

250. DATE REC'D. BY REGISTRAR 250. EPGISTRAR'S SIGNATURE OCT 23 1981

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2	1.	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		1 2 EG. NO.	5 1 0	5
noy be		CEASED NAME FIRST (OR PRINT) Nell X	MIDDLE RACE	Green 5. DATE C		20 DATE OF DE	ath month of	YEAR 26. HOL	OPM
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	_	EMALE RIHPLACE (STATE OR FOREIGN 7h	WHITE CITIZEN OF WHAT COUNT	JANU	DAY YEAR	79	YRS.	ONTHS DAYS HOURS	MIN.
death, h	30	COUNTRY) CAROLINA	USA	MARRIE		ANNE	ARUND		MD.
201 is offer ind at	A	NNAPOLIS	. NAME OF HOSPITAL, NU UF NOT IN SUCH FACILITY, GIVES AKNE ARUN	DEL G	ENERAL HOSP		WIFE	12b. KIND OF BUSINI	
AND 21:	130.	AL RESIDENCE (IF NURSING HOME OR OT OT TATE 13b. COUNTY	134 CITY OR I		13d. INSIDE CITY LIMITS? YES \(\text{NO} \text{NO} \)	13e. STREET ADD		N Ro.	
red within 24 hours ompletely filled in the 1 and 2 should the fill examiner frust be		WALTER -	- BRAN	SON	15. MOTHER'S MAIDEN NA	AME	DDIE	HUNTER	ζ
BALTIMORE, cote be executed by sicion and copers. Pages 1 wal.		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			PAUL MASS		SAME	AS 13)	
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OR ATTENDO e hospital an DIRECTOR: A sched for use Dept. of Heal		220.1 certify that (I) (this haspital) saw the deceased alive on obove, (I) (we) (0) d) (did not) v 22b. SIGNATUR)	1	9/ 00	d that in (my) (our) opinion	death accurred on	the date and hour	9, that (1) (value on different the couses state of the couse of	
TO HOSPITAL retoined by the TO FUNERAL with the Store IMPORTANT: H		22d. PHYSICIAN'S NAME (TYPE OR PR	D	Hislog	224 ADDRESS	EUER	M P	4 And)
BP		SPECIFY)	A		EMETERY OR CREMATORY	FER I	Üwoo		PA.
DHMH-16 30M 2/80 (VRA 15, 4)	R	UNERAL DIRECTOR NAME BERT S. BARPA	NCO SE	I. RITCH VERNA 1	76	CT 16	STRAR 256. REGISTR		you.

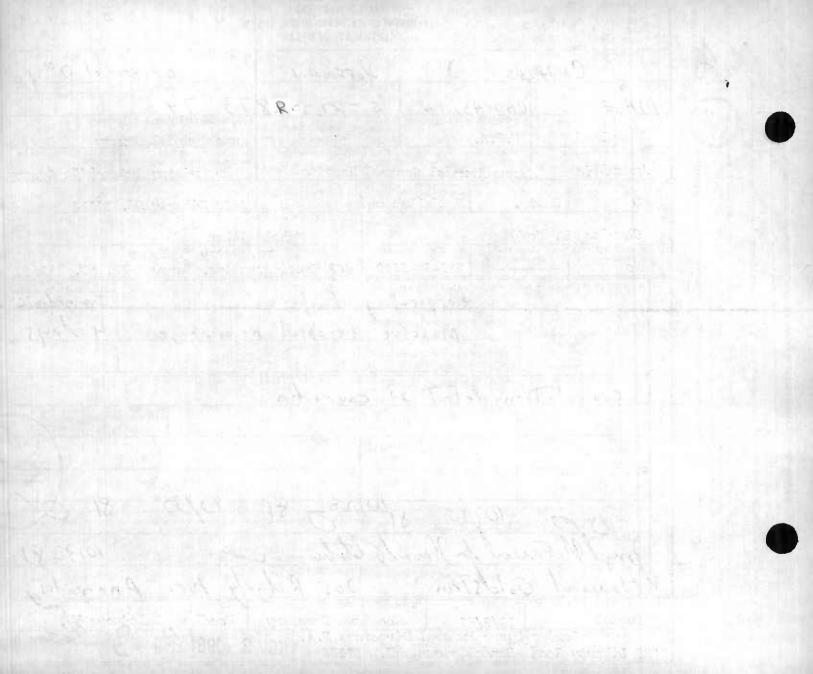
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35	1	FOR - STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 5	107
be cth			Lillian Middle	He	DERICHS	20. DATE OF DEATH	10 17 8	1 3:24 PM
(M)		emale F	White W	5. DATE 6	DF BIRTH P7 12	6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 HRS. AYS HOURS MIN.
1 25	p	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	WIDOW		BALTIMORE CITY O		
by the filled with	An	napolis	11. NAME OF HOSPITAL, OF HOSPIT	eneral Ho	ospital	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired	F WORKING LIFE) INDUST	Telephon
should be	l _A		ROTHER INSTITUTION GIVE RESIDENT NTY 136 CITY C LIMOTE Cato	OR TOWN	13d INSIDE CITY LIMITS!	13. STREET ADDRESS 424 Academy	Road	
ompletely ond 2 sh	10 _	ATHER'S NAME FIRST	MIDDLE	Kuehn	Rebecca	WE		Helms
be execu	16a \	WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) JIF YES. G	WE WAR ON DARRES	13-6168	17 INFORMANT C. Edward H	ADDRE		
equires that the death certificat signed by the attending phys. Then please remave carbon pop to burial, cremotion, ar remova njury, ar other traumatic event,	NO	PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ASC UD	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE		ROXIMATE INTERVAL EEN OMSET AND DEATH
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OR ATTENDING PHYSICIA he hospital or attending plus DIRECTOR. After this certificached for use as the buriol-tiped for use as the buriol-tiped plus of Health and Merital liftem 21 is marked or them.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE JIF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (1) (this hasp sow the deceased olive or abave, (1) (we) (did) (did no 22b. SIGNATURE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	office farm. etc.) from Oct. 19 9 , or	21t. HOW INJURY OCCURR 21f. LOCATION STREET and that in (my) (our) opinion delegate ATTENDING PHYSICIAN	city OR TOV	VN COUNTY 19 12 te and hour and from 122c. DA	STATE , that (I) (we) lost
TO HOSPITAL retoined by th TO FUNERAL should be det with the Stote IMPORTANT:	22 - 6		PRINT)	<i>Y</i>	22e ADDRESS 77 Wat	st An	napolis M	d 21901
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	10/21/81		EMETERY OR CREMATORY IN Cometery	23d. LOCATION CITY OR TOWN Woodlawn	Baltim	STATE Md.
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FI	JNERAL DIRECTOR Witzke 30 Edmondson Av	P.A. Catoos	ville, Md	250 DATE OCT	2 1 1981		

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de		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2	5 1 0 8
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-	3. SE	x ha n	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
i (inim)	1	THLE	CAUCASIAN	5-27-1968	1/3 . YRS.	
1 3/6/3/	TO B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		
1	110.0	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED TO DIVORCED SING HOME OR OTHER INSTITUTION	Anne Arundel Co	
1 52	100		(IF NOT IN SUCH FACILITY, GIVE STR	EET AOORESS)	(TYPE OF WORK FOR MOST OF WORKING LI	
e = -	ÜSU	Annapolis	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	eneral Hospital	Proprietor Au	utomobile Agency
hy filled should b	13a.	MD Bai		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 8830 Liberty Ro	d. 21133
with pletely nd 2 s	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
ded long			Hoffman		Allen	
ond o		VAS DECEASED EVER IN U.S., YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES!		s. Betty Agore Ermer	
be is be			220-52		ton Ave. Severna	Pk. MD. 21146
rtificote g physic emovol event, t		PART I. DEATH WAS CAU	only one couse per line for (a), (b), SED BY:	* Elin		BETWEEN ONSET AND DEATH TIME MELLETE
th ce nding corbi		4310	DUE TO, OR AS A CONSEC	DUENCE OF		1. 1
deo otto otton roum		conditions, if ony, which gove rise to immediate		rive (erebral	hemischage	4 days
by the ose remil, cremi		couse (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEC	DUENCE OF		
uires t iigned en ple burio ury, or	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(o)
red injury	TIO	190 DATE OF OBERATION	110n detect	20 COUMANIN CHOPERATION WAS PERFORMED		
n. n	CERTIFICATION	198. DATE OF OBERATION	198 CONDITION FOR WHI	LH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
icore h icore h icore h ronsit p Hygiei 18 sho	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121¢ HOW IN JURY OCCUP	YES NO YE	NO NO
		OR CONTRIBUTING CAUSE OF I	Zenin	DAY YEAR	CLEASE ANIONE OF INJOHE IN HEM 18	FART I OR FART 2)
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G Pler the sthe	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFIC	E, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
NDIN of or use o use o Health		22a I certify that (I) (this has	pital) attended the deceased from		10_130	19, that (I) (ive) lost
ATTE Septe SCTO d for f. of l		obove (I) we did did	not) view the body ofter death.	ond that ip (my) (our) opinion	deoth occurred on the date and hou	or and from the couses stated
AL OR the hor AL DIRE detocher ofe Dep		22 SIGNATURE MIF	went for How	DESTRICTION ATTENDING ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/30/6)
O HOSPITAL etoined by to FUNERAL should be de- with the Stote MPORTANT:	10	14	Goldstein	22e ADDRESS	L hie 1	2 / 1
shoot shoot	23n	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	PALOCATION	The John I
BP		(SPECIFY) Burial	11/2/81	Woodlawn Cemetery	Woodlawn Balt	imore MD.
DHMH - 16 50M 1/81			g Byers Funeral	Directors .P. A. 250 DA	TE REC'D. BY REGISTRARISM. REGIST	EARS SIGNSTINE TERM
(VRA 15, 4)			ad Randallstown,		V 2 1981 Chances	0



requires that the death certificate be executed within 24 haven

TO HOSPITAL OR ATTENDING PHYSICIAN The low etained by the haspital or attending physician.

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF HEA	OF MARYLAND ALTH AND MENT CATE OF DEAT	_		G. NO.	2 5	1	0 E.S.
		CEASED NAME	FIRST	MID	DLE	LAS	Ť	2	DATE OF DEA	TH MONTH	DAY YE	-	HOUR
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2	(,	YES, NO OR UNKNOWN)	(IF YES, GIVE	PAR OR DATES)	79-195	- 35/2	Elsie ,	Hokel	aner .	PO Bayon	3 Tiens	horn	11/10
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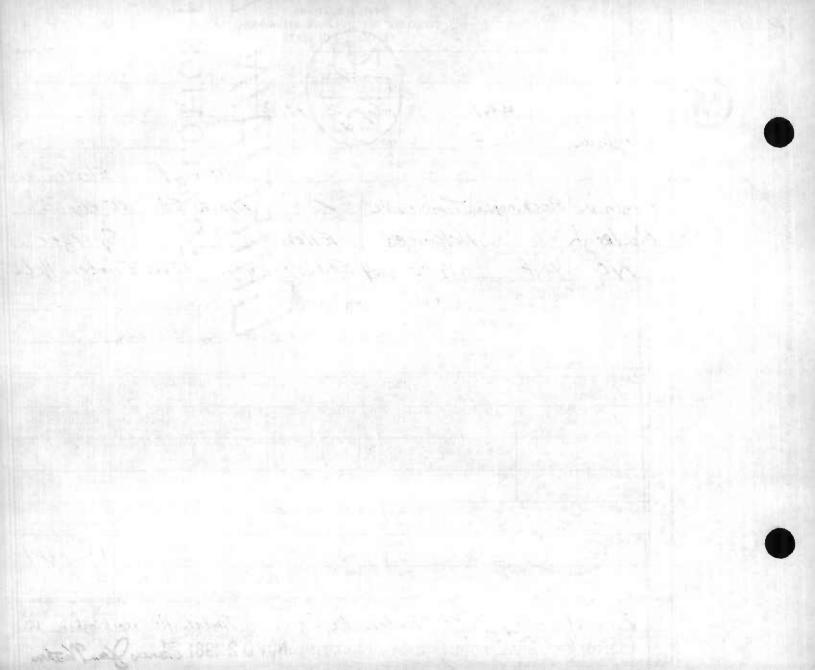
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DHMH - 16 50M 1/81 (VRA 15, 4)

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FUNERAL HOME, "GLEN BURNIE, MD. NOVO 2 1981 Frances Lan Man SINGLETON

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mpletely and 2 sh	comine 20	14 F	ATHER'S NAME ASA	MIODIE C.	Í	Îood		Clara	M	-	Whee.		
be execution and co	medical		WAS DECEASED EVER IN I	U.S. ARMED FOIL		30 • 5		Mrs. Elle		address Sar od	me as #	13	
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offer this	orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	□ 21e AT F	PLACE OF INJURY HOME, STREET, FACTORY,	, OFFICE, FAR	M, ETC.)	211 LOCATION STREET	СП	ORTOWN	COUNTY	STATE	
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by the h	T. T.		9		>		1	EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	1929/8	2/	
TO HOSPITAL retained by the TO FUNERAL should be det	MPORTA		DALJIT S.	SAWHN				22e ADDRESS 205 B&A BI				61 LAND	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all research estained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by increasing the busing the busing the please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	- 0	P V S

3		<u>,</u> 1.	FOR - STATE REGISTRAR	· • DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO TCATE OF DEATH	GIENE 8 REG. NO	2 5	i E.D.T.
			CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
y be			MYRTL	E IRENE	HO	OK	OCTOBER 5	, 1981	11:55 P.
r. po		3 SE		4. RACE	5. DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	I YEAR IF UNDER 24 HRS
ge 4 ecto			Female	Caucasian	June	12,1894	87	YRS.	DATS HOURS MIN.
60	Se le	7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DE	ITH
(MI)	35	M	aryland	USA	WIDOWI	DIVORCED [ANNE ARUN	DEL COUNT	Y MD.
5 ye	P 254	10. C	GLEN BURNTE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE NOR TH ARTIMOF	ET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewi	WORKING LIFE) 12b. K	IND OF BUSINESS OR USTRY Home
filled in auld be	See See	13a. S		NTY 134, CITY OR TO	ORE ADMISSION) WN	13d. INSIDE CITY LIMITS?	13-SIREELADDRESS.	ngton D	rive
rtely 2 sh	nine		ATHER'S NAME			15. MOTHER'S MAIDEN NA	AME		
completely	20		Samuel	J. Holme	S	Mary	MIDDLE]	Black
0 _ 0	medico		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 214-03		D Holmes	Hook, son,		s 13
equires that the death cert in signed by the attending Than please remove carboi to burial, cremotian, or re-	injury, ar other traumatic e	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	ma- UENCE OF	Decytiti	TU/COS	ITION GIVEN IN PA	ART lio
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YSICIAN: The ding physicion s certificate h puriol-transit p Mental Hygier	tem 18 st		21a. ACCIDENT WAS UNDERLYING. [OR CONTRIBUTING. [] CAUSE OF DE. (IR STIMER, MOTEY MEDICAL EXAMPLE)	ATH HOUR A.M. MONTH	DAY YEAR	TIL HOW INJURY OCCUR	RED. (ANTER NATURE OF INCOME	HVITEM 18, FART 1 CRES	at 3t
PHYS tendin this o	dor	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (ATMONE, MIRET FACTORS, OFFICE	TARM TICE	211. LOCATION	Cift Of fow	ne cour	OFF STATE
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by the PERAL DIR	= = = = = = = = = = = = = = = = = = =		22d PHYSICIAN'S NAME (TYPE	n batys		ATTENDING PHYSICIAN [MEDICAL STAFF	AN D	0/06/81
retained by the TO FUNERAL I should be deto with the Stote [IMPORTANT	22	ELLIOTT GORB	ATY, M.D.		GLEN GLEN	OAKWOOD ROAL BURNIE, MAR)	LAND 210	51 /
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death. Page 2		MALE IRTHPLACE (STATE OF FOREIGN COUNTY) D.	WHIFE 76. CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PALTIMORE CUY OR COUNTY	
in by the in by the in by the in be filed	A.	ITY OR TOWN OF DEATH NOPOLIS AL RESIDENCE (IF NURSING HOMEO	(IF NOT IN SUCH FACILITY, GIVE STR NNE ARUNDO OTHER INSTITUTION, GAR RESIDENCE BEF	SING HOME OR OTHER INSTITUTION LET ADDRESS ORE ADMISSION	120 USUAL OCCUPATION DIFFERENCE HOLK FOR MOST OF WORKINGARE FIRE HERE	126. KIND OF BUSINESS OR INDUSTRY
within 24 h		MD. H	HWWAG	IS MOTHER'S MAIDEN NA	405 SUMNER	RD.
be executed wi	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE VE WAR OSDATES) 220 22	CURITY NO. 17 INFORMANT 1031 MARY H. H.	DRIVEK # 1	3
quires that the death certificate signed by the attending physici hen please remove corbonooper to build, cremotion, ar removal. sjury, ar ather traumatic event, the	No	Conditions, if ohy, which gove rise to immediate couse loi, stoting the underlying couse lost.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OR AS A CONSECTION OF TO, OR AS A CONSECTIO	DUENCE OF	noma flung	APPEADMANE INTERVAL BETWICH ONSE AND DEATH O M 0 J N IN PART 110
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G PHYSICIAN; attending phys er this certifico the burial-trar ond Mentol Hy ked ar Item 18	MEDICAL CEI	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK	HOUR A.M. MONTH	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I ORPART 2) COUNTY STATE
ned by the haspital or atternance by the haspital or atter the last of the follower that the follower bear of the other of the state Dept. of Health and ORTANT: If them 21 is marked		220.1 certify that (I) (No. 100) sow the deceased alive an above, th (we) (did) (which was 22)/5 and 11111	to view the body after death.	DEGREE ATTENDING	death occurred on the date and hour	9, that (1) (week) lost and from the couses stated 22c. DATE SIGNED 10_12_8/
TO HOSPITA retoined by TO FUNER, should be d with the Sin	23n F	PETER F. V.	BRKOUD	1 -	Drive Anneps	25 md 2140=

DHMH - 16 50M 1/81 (VRA 15, 4)

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Gonce 4001 Ritchie Hgwy

24. FUNERAL DIRECTOR

George J.

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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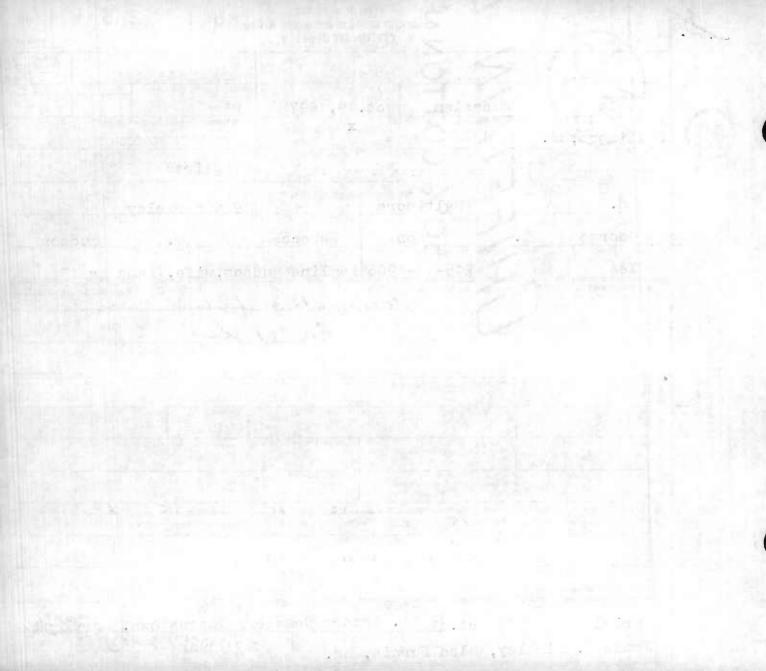
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20 DATE OF DEATH

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Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

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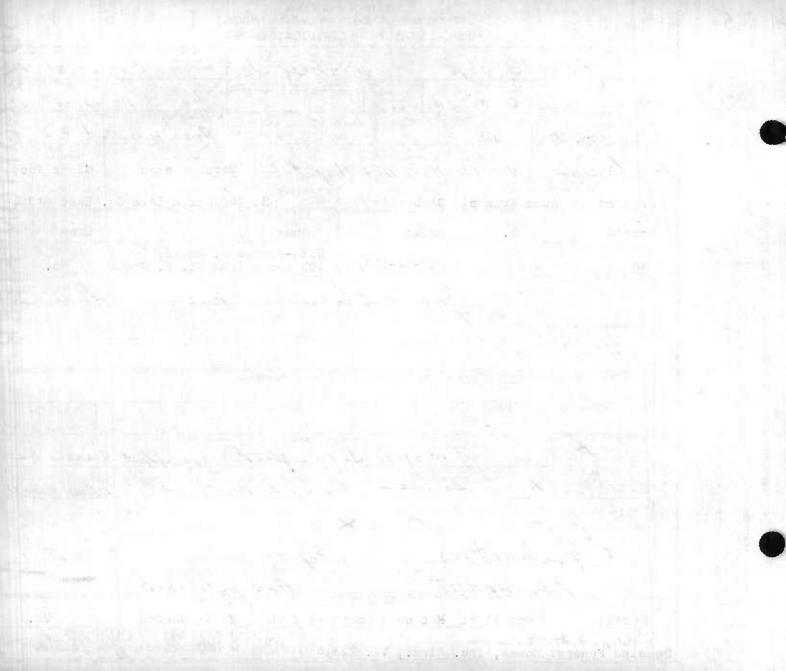
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 26. HOUR LITTER CHIPRING WILLIA MARGARET HUMMELL OCTOBER 20. 1981 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 126. KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING LIFE Homemaker Own Home (Apt. E) 7824 South Hampton Drive Unknown ADDRESS 336 MD. Mr. Richard H. Hummell, So. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN RD., GLEN BURNIE, MARYLAND Buria1 24. Glen Haven Mem. Pk. Glen Burnie A. A. 24 FUNERAL DIRECTOR Glen Burnie. 250 DATE REC Singleton Funeral Home Maryland

STATE OF MARYLAND

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

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10	5		FOR STATE		DEP			ARYLAND AND MENTAL	HYGIEN	1 2	5 1	1	1
			REGISTRAR				IER'S C	ERTIFICATE	OF DEATH	REG. NO.			
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m,	AN AN AN AN	1	Harold	Α.		Huskey		Anna			Ow	ens	
OWI	PAGORA I	160. V	VAS DECEASED EVER	R IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)		SOCIAL SECURIT		Wife-Bre	nda M. I	luskev	ME DI		
BALTIMORE, MD. 21201	MES AFT WITH P DIVISIO		No	N/A		219-64-1	705	2403 Spr	nglake (t. E. Ga			
- 2			18 CAUSE OF DEA	TH (Enter only one cause	per line for (o) (b), ond (c).)		/		MICH IN	2	PROXIMATE I	PATERNAL MANAGEMENT
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DIVISION OF VITAL RECORDS,		_	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN I	PART 1 (a),				
8	AS A ALTH	CERTIFICATION	100										
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	ATE, ATE, ORW, PR: P.		22a. I certify that	I taak charge of the remo	ains describe	d abave, held an	Autops	y , Inspect	an , Ing	Jiry , and	l in my apinian		
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORW L DIRECTOR: P H, WITH THE ST MARYLAND, 2		death resulted from	M: Natural causes	. Acc	ident 🔲 , Si	picide 🔀	Hamicide	Undetermine	d manner .			
	CERTION OF BURE		1	2/1/2	1	1		TITLE (SPECIFY)					
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	TO MEDICAL E EXECUTE THE C PACE & SHOUL TO FUNERAL D ATTER DEATH, BALTIMORE, M	-	(TYPE OR PRINT)	F.LINHI	9150			ADDRESS AN	Napoli	5-MD			
	BATTA	23a. B	URIAL, CREMATION,	REMOVAL 23b. DATE		23c. NAME OF CE			23d. LOCATIO	1	COUNTY	STA	
	BP		Burial	Oct 3:	1 81	National	Memo	rial Park		Church		Va	a .
	DHMH - 17	24 F	UNERAL DIRECTOR	5. Flend	ADDRESS			NO	REC'D BY REGIS	TRAR 255 REGIS	TRAP'S SIGNAL	HRE	
	(VR A15 ME (5))	De	maine Fun	eral Homes,	Inc.	Alex., V	a. 22	314	v 0 130	11 Charace	your!	MILITA	-



STATE OF MARYLAND

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	1	FOR REGISTRAR	DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		NE 8 I	2	5	9 E.D.T.
1	I. DE	CEASED NAME FIRST	WIDDLE	I	AST	2	a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
M		GEORGE	ALBERT	JE	ENKINS		OCTOR	BER 18	,1981	6:30A.M
1,	3.58		4 RACE	5. DATE C		6.	AGE (IN YEARS LAST BIR	HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
	_	Male	White	Feb		3	48	YRS.	DATS DATS	MIN.
in d		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9	BALTIMORE CITY O	R COUNTY	OF DEATH	
BO 5		aryland	U.S.A.	WIDOWE	D DIVORCED	X	ANNE ARUNI	EL CO	UNTY	MD
章) 山	M	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDE	ADDRESS!		- (20. USUAL OCCUPATION TYPE OF WORK FOR MOST O Lachine 0	on working life pera	126. KINDS INDUSTRY Or E	Vestern Lectric
Fast be	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	A G D 71:	N	13d. INSIDE CITY LIMI YES NO K		914 West	End	Dr.	
iner	14. F/	ATHER'S NAME		ore	15. MOTHER'S MAIDE	_	-	DIId	DI.	
215 xo			Jenkins		Anna		H.	1	Aspen	ST
9 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI		17 INFORMANT		ADDRE		aspen	7
medi	(YES, NO OR UNKNOWN) (IF YES, GIV	216 30	5246	William	т.	Jenkins	.Tr		5
ury, ar other fraumatic event, t	7	PART I. DEATH WAS CAUSE LIDO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	by one couse per line for (a), (b), and D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUED (b) DUE TO, OR AS A CONSEQUED (c) CONDITIONS CONTRIBUTING TO D	NCE OF	Myoco Le			DITION GIVE	1/	IMAJE INTERVAL ONSET AND DEATH
du swo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FIND I	NGS USED S OF DEATH?
18 sh		2 Ia. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURREC	(ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	RM ETC)	211. LOCATION STREET		CITY OR TOV	vn / c	COUNTY	STATE
n 21 is mo		22a. I certify that (1) (this hospital) attended the deceased from 19 01, and that in my) (aur) opinion death occurred on the date and hour or above (1) (me) (did (did not) view the body after death.								that (I) (we) last causes stated
MPORTANT: If Hea		226. SIGNATURE	Recu			NG AN	MEDICAL STAF	F IAN 🗌	22c DATE	SIGNED
MPORTA		MICHAEL B. PI					D COURT RO			4
4	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	4 4-		metery or cremate	ORY	23d LOCATION CITY OR TOWN		COUNTY	Md.
81	24 FL	UNERAL DIRECTOR Balt		2122			EC'D. BY REGISTRAR	REGISTR		
-	Ge	orge J. Gonce	4001 Ritchie	Hgw	У	UCI	2 0 1981	name!	fanl	Ma Charles

BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayal.

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

etained by the haspital

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

STATE OF MARYLAND

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NAME	Marth	MIDDLE	JENKINS 20 DATE	-

1	L	REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
		ECEASED NAME FIRST WE OR PRINT)	ZTHA MIDDLE	F	JENKINS	2ª DATE OF DEATH MONTH	- CY - SI 26 HC	DUR Prom		
	3. SE		4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	S MIN		
2	Ja B	SIRTHPLACE (STATE OR FOREIGN)	BIACL 7b. CITIZEN OF WHAT COUNTRY?	8	14 1927	9 BALTIMORE CITY OR COUN				
35	MA	ARYLAND	U.S.A.	WIDOWE		ANNE ARUNT		MD		
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\$35 185	13 _M	ARYLAND 136 COUNT	IV LOTHIAN	(Descriptor)		P.O BOX 42		1112		
20	14 F	TANIEL	PETERS		15 MOTHER'S MAIDEN NAMEL	MIDDLE	FRANKI	LIN		
medicol		WAS DECEASED EVER IN U.S. ARM YES, NO CRUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 218-24-31		17 INFORMANT HELEN E. JON	ADDRESS Owing: NES Box 318 Ken	s, Md. t Branch Rd			
ic event, the		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), and b BY: E CAUSE (o)		^		APPROXIMATE IN BETWEEN ONSET ALL	ND DEATH		
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If Item		77L SIGNATURE	Our OF	0	DEGREE ATTENDING	MEDICAL STAFF	THE DATE SIGNE	0		

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

THE BURIAL CREMATION, REMOVAL BURIAL 33b. DATE

THE PHYSICIAN'S NAME (THE DEPORTED)

FOR

231. NAME OF CEMETERY OR CREMATORY

27s. ADDRESS

234 LOCATION CITY OR TOWN THE DATE RECO. BY REGISTRAR 256 REGISTRAR'S SIGNAR'S SIGNAR'S

COUNTY

STATE

P.O BOX 31 Prince Frederick, Md. 24 FUNERAL DIRECTOR FUNERAL HOME

10-13-1981

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MD.	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S A	MAIDEN NAME	MIDDLE		LAST	
BALTIMORE, MERS AFTER DEATH. GIVE PAGES 1, VITH FORM PM. PM. PAGES 1 AND 2. DIVISION OF VITA		Gustavus		W.	John	son	Chi	ristina	400 400	- 4	roten	151
BALTIMORE. S AFTER DEA GIVE PAGES GIVE PAGES I AN INISION OF A INISION	16a. V (Y	AS DECEASED EVER	(IF YES, GIVE W			SECURITY NO	17 INFORMANT	1110	ADDR			
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ON THE CALL		UNDERLYING CONTRIBUTING	OR CAUSE OF DI	EATH P.M.		19						
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DITHIS WAR	1		VORK									
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WWN THEFT SYLA		death resulted fram	n: Natura	al causes XI.	Accident	, Suicide	, Hamicide	Undete	ermined manner	,		
EXA CERT CERT DULD H, WIIT MARN		ACTUAL	M	A.D.	0		TITLE (SPECIF			DATE	n 10-2-	0.1
ERAL SHOE		SIGNATURE	1	W V	CO-		_M.D. ASSIS	Tani MEDI	CAL EXAMINER	SIGNE	D_1U=Z=	01
MEDIA SCUTE FUNE FIR DE	2000	EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixor	n, M.D.		ADDRESS1	11 Penn	St.			
5355F8 —	23a.B	JRIAL, CREMATION,		b. DATE	23c. NAM	E OF CEMETE	Y OR CREMATORY	23d. LO	CATION	_COUN	ITY ,	STATE
BP		Buria	1 0	ct.5, 1981	(ed	ar Hil	l (emetery		timore,		yland	
DHMH - 17	24 F	NERAL DIRECTOR	1 11	22 ^{A90R} E	Pataps	and And	B alto. 0	ATE REC'D. BY		EGISTE PSS	GNATURE -	len.
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	M)		CEASED NAME GEORGE E OR PRINT) X	4. RACE S. DATE C	DAY YEAR	20 DATE OF DEATH Oct 6. AGE (IN YEARS LAST BI	23 /	YEAR 26 HOUR GS 605 DERIYEAR IF UNDER 14 HOURS M	O M HRS
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BALTIMORE	tote be execusively section and apers. Pages	it, the medicol		YES. NOTIR (NKNOWN) (IF YEN GIVE	MED FORCES? WAR OR DATES! 16b. SOCIAL SECURITY NO. 2/0-32-7587 y one couse per line for (a), (b), and (c.)	Helen At	homes-2	\$141	MITAL DI APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	14
01 W. PRESTON ST.,	is that the death certificate by the attending phy lease remove corbango	ar ather troumotic even		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	forest			mmedeat	
A RECORDS, 2	he law requires an. hos been signe t permit. Then pi ene prior to bur	Sws any injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? YES NOTE:	20b. IF YES, WER	PART 1101 RE FINDINGS USED CAUSES OF DEATH? NO [
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	
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/		FOR		DEPARTA		E OF MAKTLAND EALTH AND MENTAL HYG	1 8 ann	9	5	12:		
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21		CEASED NAME WILL	iam	WIDDIE	Joh	NSON	10/181	MONTH DA	YEAR	26. HOUR 935 A		
Tonce	3 SE	x ALE	4 RACE NEGI	10	5 DATE C		4 AGÉ (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS		
19		RTHPLACE ISTATE OR FOREIGN OUNTRY EORGIA		S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF	-		M		
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rial, cremation, or removal. Iry, or other traumatic event,	The same of	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO.	PREUD DR AS A CONSEQUE DR AS A CONSEQUE	NOV NCE OF		Disease		ye.	mate piterral onset and death hours		
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and N arked	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE LAT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.}	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE		
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should be detached for with the State Dept. of IMPORTANT: If I tem		224. PHYSISIAN'S NAME (TY	PE OR PRINT)			ATTENDING PHYSICIAN [22* ADDRESS	MEDICAL STA DIRECTOR PHYSK					
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	1.	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	é. 3	1 2 3
1 71	1. DE	CEASED NAME FIRST OR PRINT)		MIDDLE	Jon	es	October.	MONTH DAY 21, 1981	YEAR 26. HOUR
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4 (11)25		RTHPLACE , STATE OR FOREIGN OUNTRY) Manyland	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY C		
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AND 212	13924	AL RESIDENCE (IF NURSING HOME OF STATE 134 COL	or other institution inty	GIVE RESIDENCE BEFOR	/N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	h. Street	
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i W. PRESTON ST., BAL hat the death certificate by the attending physici ase remove carbon paper I, cremotion, or removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (b), stating the underlying cause lost	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER	UM A	BlanchuGE	PNic)	8	APPROXIMATE INHERVAL ETWEEN ONSET AND DEATH
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	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C YES []	FINDINGS USED AUSES OF DEATH? NO
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R ATTENDIN hospital or a RECTOR: Aft red for use as the fight, of Health feet.	4	220. certify that (1) (this has sow the deceased alive a above, (1) (ma) (did) (did n	" SEP+	24 19		nd that in (my) (arr) apinion	deoth occurred on the d		
the the etack te Di		arthur Land		ud.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	10-22-81
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				CERTIFI	CATE OF DI	ATH	REG. NO	o .		
		CEASED NAME E OR PRINT)	FIRST Jeo		oseph	Jor	dan		October	23,	1981	2b. HOUR
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B	CI	IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF		RY? 8. MARRIED WIDOWEI	NEVER MA	ARRIED L	Anne Ar	r count unde	el Cour	MD.
0		en Burni				RSING HOME O		C 63	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sheet Me		t Dizb. KIND C INDUSTRY CIVI	I Serv.
6	130 S	al residence (IF NURS STATE aryland	13P CON	OTHER INSTITUTION,	GIVE RESIDENCE BE	efore admission) Own Burnie			13 STREET ADDRESS ROB	erts	Ct. A	pt. C 63
0		Paul		MIDDLE	Jord			Öse	WIDDLE			NOWN
	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes		WAR OR DATES)	217.0	9 • 41 69	Mrs.	-	e) ADDRE hy Jordan	Da	me as	# 13
	7	Canditions, if any, gave rise to improve oly, statum underlying couse	, which mediate ing the last.	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI (c) CONDITIONS CC		OUENCE OF	NOT RELATED I	O THE TERMIN	nal disease or coni	DITION GIV	20 VEN IN PARTAGO) Lear
9	CERTIFICATION	190 DATE OF OPERA	TION	2000	TION FOR WH	O / //	OPERATION WAS PERFORMED 200. AUTOPSY? YES NO				S, WERE FINDIN FYING CAUSES ES	
7	MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	P./ 21e. PLACE	.M. MONTH DAY YEAR .M. 19			RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY			STATE	
		22a. I certify that (I) saw the decose obove, (I) (mer) to 22b. SIGNATURE	d olive on	11	7 9 19	9 2/ , on	DEGREE	TENDING	mEDICAL STAF	F	-	
		DE EWal			s		22e. ADDRESS		ds Lane			
	23a. B	BURIAL, CREMATION, SPECIFY) Buria		236. DATE U		ardens			Baltimo	re,	COUNTY	МÜ.

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STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH SEC. NO. STATE NO.	10	1.	FOR			ST DEPARTMENT O		ARYLAND	TAL HYGIEN	8 1	2 5	1 2	7	
Dean Girard Jurczyk Death Mate Discher Death Mate Death	1	11-								TH	3. NO.			
Dean Grand Junczyk Mitch Igan Jist Sacra Sacra				FIRST		WIDDLE		LAST		20. DATE KNOW	N MONTH	DAY YEAR	26 HOUR	
Mail White	2000		C ONTRIVITY		G	irard	Jı	urczyk		DEATH MATE	×X 10	5 1987	м	
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In city of towns of death In Name of Hospital, Hubsing Home, or other Institution The death of the providence of t	STATE OF THE PARTY	3 FC	DREIGH COUNTRY)						MARRIED A					
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	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND ME		IENE Ö	REG. NO	4.	. 5	E.S.
		CEASED NAME FIRST		MIDDLE		LAST		2a DATE O	F DEATH		DAY YEAR	2b. HOUR
	(TABE	OR PRINT)	CE	N		KEMP		OCT	TOBER	29.	1981	6:45 Am
	3. SEX		4 RACE		5 DATE C	OF BIRTH		6. AGE (IN)			IF UNDER LYEAR	IF UNDER 24 HRS
		Female	Whi	te	May	⁺ 4,	1993	68	3	YRS.	MONTHS DAYS	HOURS MIN.
16	7a 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	PRIED [9. BALTIMO	RE CITY OF		Y OF DEATH	
3		Virginia	U.S	.A.	WIDOWE		RCED [Al	NNE AF	UNDE	L COUNT	Y MD.
4	10 CI	GLEN BURNIE	NORT NORT	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A THE ARUNDE I	HOS		UTION		OCCUPATION FOR MOST OF		12b. KIND C INDUSTRY OWN	Home
5	13a. S		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE GION BU	N .	134. INSIDE CITY	LIMITS?	13.95 BEEF	ADDRESS lary	Lane	APtg.	2 <u>0</u> 2
C		THER'S NAME	WIDDLE	Lester		15. MOTHER'S A		ME	WIDDIE		Osba	burn
		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	213-32-		17. INFORMAN		Kemp	ADDRES		ne as 1	3e
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O DUE TO, O DUE TO, O Column (c)	R AS A CONSEQUE	Vento NCE OF NCE OF	rul fel hemi h	hallul	n-			Yee,	2
	NOIL	PART 2. OTHER SIGNIFICAN	conditions co		- 1	NOT RELATED TO	THE TERMI	INAL DISEAS	E OR COND	ITION GI	VEN IN PART 10)
1	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	RATIO	N WAS PERFORA	MED	200 AUTO	PSY?	IN CERTI	S, WERE FINDIN	
	MEDICAL CER	2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	NER) P.	M. MONTH DA	Y YEAR	21c HOW INJU		ED (ENTER NA			[]	
	MED	216 PLACE OF INJURY WHILE NOT WHILE AT WORK THOME, STREET, FACTORY, OF				211. LOCATION STREET		- 1	CITY OR TOW	/N	COUNTY	STATE
		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) (414) (did	on 10/28	19 8	7 1.01	nd that in (my) (19 / Co	eoth occurre	d on the dot	te and ha		that (I) (lost couses stated
		226. SIGNATURE	d Alex	1			ENDING YSICIAN []	MEDICAL	STAFF		174. DATE	30/71
1		22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)			22e ADDRESS	8 EV	ERGREE	EN ROA	D	-	1 1 -

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/8I (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic should be detached for use as the burial-transit permit. Then please remaye co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

230. BURIAL, CREMATION, REMOVAL 23b. DATE
(SPECEY)
Burial 2 Nov. 8
24 FUNERAL DIRECTOR
James S. Kirkley Glen ADDRESS

GERARD CHURCH, M.D.

Dulaney Valley Com Dulaney Valley Ba.

MARYLAND 21146

COUNTY

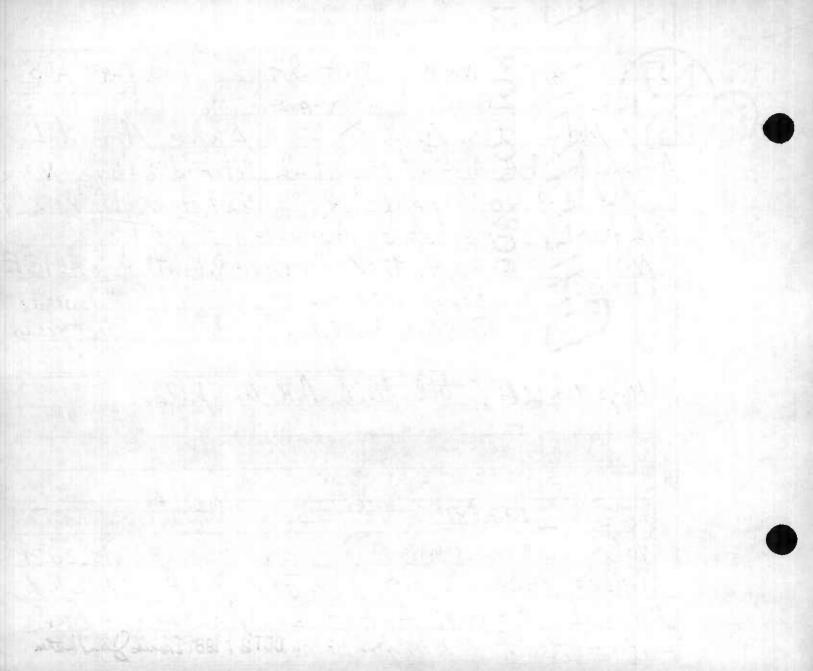
STATE

SEVERNA PARK,

23d. LOCATION

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STATE OF MARYLAND



	X	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. 25130					
e wt	1		CEASED NAME FIRST E OR PRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR P.					
d you		3. S	JOHN	Franklin KIDWELL	OCTOBER 23, 1981 8:18 M.					
			Male	S. DATE OF BIRTH Sept. 30, 1910	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
W.	35	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL COUNTY,					
n offer by the f	54	10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL	IZE USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance IZE USUAL OCCUPATION					
filled in hould be	35	130.	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? PArundel GlenBurnieres \(\) NO \(\)	13e STREET ADDRESS 309 6th Avenue, N.E.					
mplenely and 2 is	120	14 F.	Joseph	Franklin Kidwell Viola						
be execut	medicol	160	VAS DECEASED EVER IN U.S. AR		rude Kidwell (WIFE)					
the death certificate the attending physic remove carbon pape emation, or remavol.	er traumotic event, th		PART I. DEATH WAS CAUSE	DBY: CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF, DUE TO OR AS A CONSEQUENCE OF, DUE TO OR AS A CONSEQUENCE OF,	anost Briwen ONSEI AND DEATH lenfaction					
requires that sen signed by t. Then please or to burial, cr	y injury, or oth	TION	Ocu	ONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART TIG.					
N: The low nysician. rate has bi ransit permi	\$ 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER TION WAS PERFORMED	200 AUTOPSY? 200 PYES, WERE FINDINGS USED YES NO YES NO NO					
SICIA ng pl certif certif riol-t	Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	THE HOUR A.M. MONTH DAY YEAR P.M. 19	ED (ENTER NATURE OF INJURY IN 11EM 18 PART OR PART 2)					
NG PHY: offer this as the bu	orked or	MED	21d. INJURY OCCURRED WHILE NOT NOT NOT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE					
ATTENDE spital or CTOR: A difor use	n 2 lis m		22a I certify that () (this hospi saw) the deceased alive on above, (i) best land (side on	110/97/11	death occurred on the date and haur and from the causes stated					
by the	MPORTANT: If Hen		276 PNSICAN SNAMBOURG	22e ADDRESS 7845	DIRECTOR PHYSICIAN 200 DATE SIGNED 10 /24/8/					
TO HOSP retained TO FUN should be	N N	22 (Burnie, Maryland, 21061					
BP			BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 27 OCT 81 Glen Haven Mem. F						
DHMH - 16 50M 1/ (VRA 15, 4)	81		SINGLETON FUNERAL HOME, GLEN BURNIE, MD. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SINGLETON FUNERAL HOME, GLEN BURNIE, MD.							

end comment of the state of the Not the charges .egs Covie 1-010

1 - FOR STATE REGISTRAR		DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DI
I. DECEASED NAME	FIRST	MIDDLE	ŁAST

ENTAL HYGIENE EATH

REG. N				
a. DATE OF DEATH	MONTH	DAY	YEAR	2b.

DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR
OCTOBER 13, 19	981		10:3	30 M
AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 24 HRS	
0 =	MONIHS	DAY5	HOURS	MIN.

EDT

1896 Female Black To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A.

MARIE

MARRIED WEVER MARRIED DIVORCED

KIMBELL

5. DATE OF BIRTH

ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE

Carolina

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

ESTHER

13b. COUNTY

(IF YES, GIVE WAR OR DATES)

4 RACE

NORTH ARUNDEL HOSPITAL

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13e. STREET ADDRESS P.O. Box 406

9 BALTIMORE CITY OR COUNTY OF DEATH

14. FATHER'S NAME Sam

JSUAL RESIDENCE

South

10. CITY OR TOWN OF DEATH

3. SEX

pino

ond 2

(TYPE OR PRINT)

Gallman 166 SOCIAL SECURITY NO

579-16-1261

Gambrill's

17. INFORMANT Angela Stevens

Gambrills,

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

. DATE OF OPERATION	176. CONDITION FOR WHICH OPERATION	N WAS PERFORME
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY
	0.44	

NOF YES [Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)

20a AUTOPSY?

6. AGE INYE

85

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION CITY OR TOWN COUNTY

220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an abave, (I) (we) (did nat) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

226. SIGNATURE	anoymo
224. PHYSICIAN'S NAME (TYPE OR PR	INT)

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 95 Aquahart Road

ATTENDING

Glen Burnie, Maryland 21061

=		3.88.132		-	422		
30.	BURIAL,	CREMA	TION,	REA	AVO	L 23b	DATE
	(SPECIFY)	D	7			24	40

231. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cemetery

Bal to.

COUNTY Md STATE

22c. DATE SIGNED

24. FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Annapolis, Md. 250 DATE REC'D. BY REGISTRAR 256. REPISTRAR'S SIGNATUR

CERTIFICATION

00

MPORTANT:

BP

SANG C. DOH. M.D.

10-19-81

WILLIAM REESE & SONS MORTUARY DRES

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		Company Company		1 1 1 1 1 1 1 1

THE PARTY	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF REG. NO.						
h 33		CEASED NAME FIRST	MIDDLE	LAST ,	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
moy be poge 3 er deoth	3 SE	x 1/1002	20 Fearce	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24			
ge 4 rector,		Male	White	MONTH DAY YEAR 10-12-1910	70 YR	MONTHS DAYS HOURS A			
th. Poor		RTHPLACE (STATE OR FOREIGN 71 COUNTRY)	b CITIZEN OF WHAT COUNTRY	Y? B MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
e fuñerol	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED DIVORCED	120. USUAL OCCUPATION	12b. KIND OF BUSINESS			
by the officer of the	5	everna Park	(IF NOT IN SUCH EXCILITY, GIVE STRE	eet address)	(TYPE OF WORK FOR MOST OF WORKIN				
filled in ould be family to be	13a.	AL RESIDENCE (IF NURSING HOME OR O			13e. STREET ADDRESS	01			
etely fill 4.2 shoul	14 E	ATHER'S NAME	H. Severne	A TOPK YES NOT	5 Ridge	. Rd.			
complete 1 ond 2		FIRST	INDDIE LAST	Folna	MIDDLE	LAST			
5 2	160	WAS DECEASED EVER IN U.S. ARM			ADDRESS	1 Earce			
Pool e		YES NO OR UNKNOWN) (IF YES, GIVE	215.05	-0628 Kuth R.	King - Sec.				
rtificote by physicion on popularity physicion on popularity errors.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), (b), (b)	Miltiple Mayor	land 1	APPROXIMATE INTERVA BETWEEN ONSET AND DE			
ic rabin		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mary 100ger	omu				
o o u o		Conditions, if ony, which	DUE TO, OR AS A CONSEQ	DUENCE OF					
the remover the		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	DUENCE OF					
ned by please urial, cr		underlying couse fost	(c)	O DE ATH DUT NOT BELATED TO THE TEN					
equire Then To bu	NO	PART 2 OTHER SIGNIFICANT CC	SNUTTIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART TO			
s beer s prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATHS			
N. The hysicion. icote ho Hygiene Hygiene 18 show	ERTIF	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21, HOW IN ILLEY OCCUP	YES NO	YES NO			
ph p		OR CONTRIBUTING CAUSE OF DEATH	110110 1 11 11 11 11 11	DAY YEAR	CALL (ENIER MATURE OF INJURY IN THEM	18 PART ; OKPAKT 2}			
PHYSIC inding inding cer this cer burion di Menti or there	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY SIAT			
DING P or offer Affer the e os the olth one morked	2	MHILE NOT WHILE AT WORK		و مام	1 1/1	8/0			
F A C C S S S S S S S S S S S S S S S S S		22a I certify tho (1) this hospital	9-20 10		death occurred on the date and	hour and from the couses state			
R ATT hospir RECTG Red fo ept. of tem 2		274 SHINATURE	the body offer death.	DAGREE		22c. DATE SIGNED			
		1 1 41 1 111.	10 101	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN				
OR he he hor hoche toche Dep		M.R.WIN	under	PHYSICIAN	DIVECTOR THISICIAL				
OR he he hor hoche toche Dep		22d. PHYSICIAN'S NAME (TYPEORE	PRINT)	22e ADDRESS	Z WILCOK THISICIAN				
OR he he hor hoche toche Dep	22-			22e ADDRESS					
HOSPITAL OR ned by the horned by the horneral DIRECTOR of the Stote Deports of the Stote Dep	23a. i	22d. PHYSICIAN'S NAME (TYPEOM) BURIAL, CREMATION, REMOVAL (SPECIFY) Survival	23b. DATE 23c	220 ADDRESS NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	23d LOCATION GITY OR TOWN	COUNTY State			

STATE OF MARYLAND

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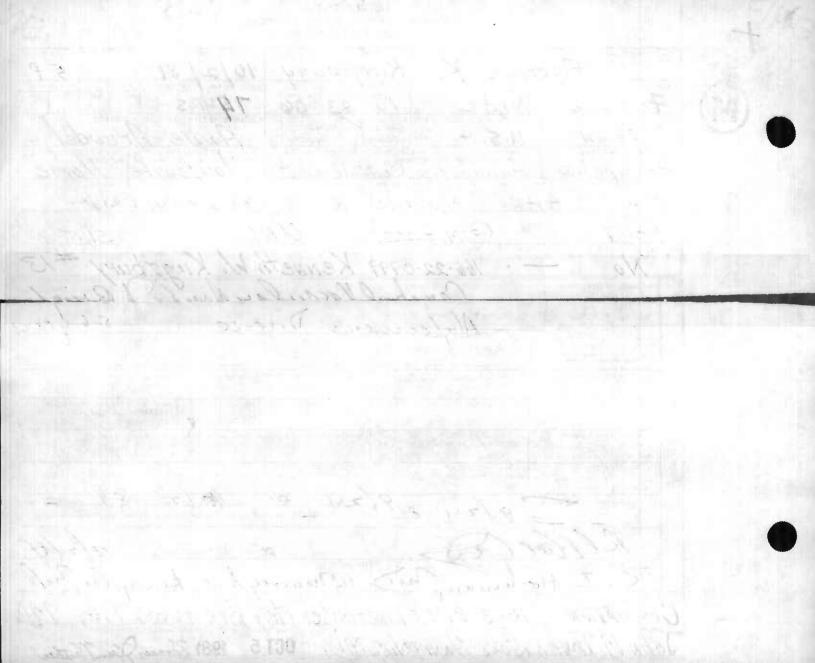
	1	STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	2513
		REGISTRAR EASED NAME HONTI	ey Hinkle	King	72 DATE OF DEATH MONTH	BAY YEAR TO HOUR
op op	SEX		white	S. DATE OF BIRTH	A AGE (IN YEARS LAST BIRTHDAY) 7 / YR	MONTHS DAYS HOURS M
	L	magolis Md	CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Anne Arunde 120 USUAL OCCUPATION	
1700	2	mapolis, mo	(IF NOT IN SUCH FACILITY, GIVE STREE	oles Conv. Ct.	(TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY Chauffeur
hould b	30. S	md 136 COUNTY	TO anno		701 Glenwood	Street
Puo Canal	(HER'S NAME FIRST AS DECEASED EVER IN U.S. ARA	APD FORCES? 166 SOCIAL SEC	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A MIDDLE	Leitch Annap., Mo
s. Pages	(Y		PTR DATES) 21405-		cord 1136 Cove F	d., Apt. 302
y the attending physics remove carbonpope cremation, ar removal ither traumatic event, t		PART I. DEATH WAS CAUSED Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.	1/1/1	elastatic ca	reinemo	BETWEEN OPSET AND DE
en signed to Then plea or to burial, rinjury, ar	NOIL	Distete	s mellitu	DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 1(a) YES, WERE FINDINGS USED
sit permit giene prii	CERTIFICATION	90. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED		RTIFYING CAUSES OF DEATH
	CAL	OR CONTRIBUTING CAUSE OF DEAT	P.M.		THE TENER IN THE OF THE OF THE OF	
After this os the b Ith and A sarked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STAT
ERAL DIRECTOR: A clear of the c		sow the decessed glive on obove, (I) (well (did)) decents and 22b. SIGNATURE	les W. Lun	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes state 22c. DATE SIGNED Oct 19, 19
should be det with the State (MPORTANT;		22d. PHYSICIAN'S NAME (TYPE OR CH-ARL		FR A-NNAPO	US, MARYL	AND
3 5	23a. 8	urial, cremation, removal PECIBURIAL		duands Chanel Come	CITY OR LOWN	S IN STATE

24 FUNERAL DIRECTOR
Bearl Funeral Home, 1212 Wests St., Annap., Md.

DHMH - 16 25M (VR A 15 (4)) 9/74

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*+	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		25134
A 06	115		ence K, Kingsbury	REG. NO. 20. DATE OF DEATH MONTH 10/2/81	DAY YEAR 26. HOUR 5 PM
_ (M)	3.5	7Emale	RACE S. DATE OF BIRTH ONTH ONTH OCHURAN OF WHAT COUNTRY? 8	A AGE (IN YEARS LAST BIRTHDAY) BURS BALTIMORE CITY OR COL	WUNDER I YEAR WUNDER 24 HRS MONTHS DAYS HOURS MIN
	B	COUNTRY) PENN.	U, 5, A WIDOWED DIVORCED	- ANNE	Arundel Mo.
201 ours after ust be pr	01	ANNapolis	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANYMADALIS CONVALESCEN	120. USUAL OCCUPATION (TYPE OF MOSIK FOR MOST, OF WORK TOUSE W	ING HE INDUSTRY
AND 21 hin 24 h	5	Md. 136 COUNT	7 CO ANNapolis YES X NO [88 Dewe	y DRIVE.
Cuted wi	2.1	DOVA	DOLE KEIM BALLA 15 MOTHER'S MAIDEN	NK MIDDLE	Shatter
JIMORE the be executed to be and control of the me	160	WAS DECEASED EVER IN U.S. ARM (YES, NOOR UNKNOWN) (IF YES, GIVE W	PAR ORDATES) 166 SOCIAL SECURITY NO. 17 INFORMANT 1/20 - 22 - 0999 KENNE	th W. King	abury #13
A STATE OF THE STA		IL CAUSE OF DEATH (Enter only PART) DEATH WAS CAUSED	ane cause per line for iqu, (b), and ich	One Assil	BELWINEN ONSEE AND DEATH
05, 201 W. PRESTO rectaures that the dea signed by the attent on please remove car to burial, creminan, y injury, or other tra	N	Conditions, if any, which gave rise to immediate could not stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	I S C A L Q ERMINAL DISEASE OR CONDITION	5-6 Glars
AL RECOR	CERTIFICATION	19s DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. 1	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
4 OF VITA HYSSCIAN physician physician at centificat sal transit to femal Hypo or them 18	7	THE ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (FETHER, INDIEST, MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF INJURY IN ITEA	M 18, PART I OR PART 2)
MVISION DING PI trending After th to the bur th and M	MEDICAL	214 HYJURY OCCURRED WHILE OF NOT WHILE OF	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN stal or a ECTOR: for use a or Heat		27s I certify that (I) the haspital saw the deceased alive an above, (I) [antidid] and certify	9/24 19 8/ and that in (my) (aux) apin	ion death occurred an the date and	hour and fram the couses stated
e hour		The SIGNATURE CHECK	DEGREE ATTENDINI PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN	224. DATE SIGNED
TO HOSPITAL TO FUNEHAL POUNTE GENE With the State I MEPORTANT!		1714 PHYSICIAN'S NAME (TYPE OFF	ochwan his 16 man	vey Ave, Au	majoler, Tref
BP	1	remation	10-3-81 FT LINCOINCEME	TEN Brentwo	odon B. G. STAM)
DHMH-16 25M (VRA 15, 4) 1/79	V	ONN M. TAVIOR	Kons ANNADOLIS, MI), Do	CT 5 1981	CAN ON THE 1



STATE OF MARYLAND

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		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC	SIENE 8 1 2	5 3 6
	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO	
	I DE	CEASED NAME AKAIRST Ha	nnah Adella Johnson	28. DATE OF DEATH MONTH DAY	10.1100.1
ge 3		Hannah	Adella Koppenhaver	10 21	81 930 pm
r, pa	3 SE	×	RACE STATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
Lecto	1	emale (aucasian 8 18 18	63 YRS.	
within 72 house death	OC C	RTHPLACE ISTATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY?	BALTIMORE CITY OR COUNTY O	F DEATH
E 522	100	altimore, Ma ITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
nust be.	H	illersville 1	MOTIVOOD Manor Inc	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
should be fit	130	AL RESIDENCE HE NURSING HOME OR OTH STATE 13L COUNTY A.A	IER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NO SE	13. STREET ADDRESS	0 81
wex.	14. F/	THER'S NAME	15. MOTHER'S MAIDEN NA		10 000 124
6 10		Weems	Sorothorn Berth	MIDDLE	Wooley
E		VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	WOOTCY
the		NO		de same as 13 e	
event		IS CAUSE OF DEATH (Enter only o	ine cause per line far (a), (b), and (c).		BETWEEN ONSET AND DEATH
atic		PART I. DEATH WAS CAUSED B	100012017011 6/11/11/06		
raum traum		4360	DUE TO, OR AS A CONSEQUENCE OF		Julie
ematio other t		Canditions, if any, which gave rise to immediate	(b) ASPIRATION PNEUMI	DNIH	0.07.3
ō		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF LASCULAR A	CCIDENT	3 WKS
or to buria any injury,	No	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
sw (1)	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED NG CAUSES OF DEATH?
18 sho	TE			YES NO YES	
Item 9	-	71g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RED JENTER NATURE OF INJURY IN ITEM 18, PART	T † OR PART 2]
- 6	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY 211 LOCATION	CITY OR TOWN	COUNTY STATE
marked	\$	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CHTOKIOWN	STATE STATE
m 21 is m		220.1 certify that (H)(this haspital)	- / 2 40%		8/ , that (we) last
Item 2		sow the deceased alive on above (1) (we) (did) (did no) vi	ew the body after death.	death occurred on the date and hour o	
D		27b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
Z -		224 PHYSTCIAN'S MAME (TYPE OF PRI	PHYSICIAN [DIRECTOR PHYSICIAN	10/00/81
IMPORTANT: IN		BARRY WA	THANSON MD 1438 DATE	ENSE HAY GAMB	RILLS MINOSY
3 =	23a	CBECNEVI	236. DATE 236 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	DUNTY STATE
		Burial	10/24/81 Glen Haven Mem P		A.A. Md.
6 25M 4) 1/79	0	UNERAL DIRECTOR Balto	O IVIQ . ADDRESS ZIZZS	CT 27 1981 Registrar	
4/ 1//8	4	eorge J. Gonce	4001 Ritchie Hgwy	6 2 1 198 Manu	Jan Hith

Na Hamma Adella Johnson

DECEASED NAME FROM FRANCIS F					STATE OF MARYLAND	0 1 0	gree g and
DECLARED NAME TRED TRANSCIS				DEPAR		GIENE 3 1 2	3 1 3
FRANCIS E. LAGASE S. DATE OF BRITH S. DATE OF		L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EDT
FRANCIS E. LAGASE DECEMBER 18, 1981 S. 31 DESTRUCTION OF DEATH SECURITY OF DE	m. c			MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
The BRITHPEACE ISSAIL ORIGINAL TO COUNTRY IN CITIZEN OF WHAT COUNTRY? The BRITHPEACE ISSAIL ORIGINAL	- Salara			IS E.	LAGASE	OCTOBER 18, 1981	5:35
The second control of the second control o	(mm)	3.	SEX	4. RACE			
MARKED & NEVER MARKED & NOVERED DONORCED DONORCE	(MAIL)		Male	White		70	NS DATS ROOKS M
ANNE ARUNDEL COUNTY ITEM CONTROLLED ANNE ARUNDEL COUNTY ITEM CONTROLLED ANNE ARUNDEL COUNTY ITEM CONTROLLED	200	.70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	1? 8.	9 BALTIMORE CITY OR COUNTY OF	DEATH
GLEN BURNIE PARTICIPATION PROPERTY PR	in 7	5		U.S.A.			NTY
GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (# MARKHOLDONG O CIDER MISTURING TO RESIDENCE MISSING ABURDING) IBLE COUNTY IBLE	with with	/ 10	CITY OR TOWN OF DEATH				26. KIND OF BUSINESS
DUSUAL RESIDENCE 18 HABENON HOME OR CHIEF PROTECTION OF BESCHICLE RECHARDACIONS) 138 STATE 138 STATE 138 STATE 139 STATE 130 ST	A 30	71		NORTH ARUNI	EL HOSPITAL	Chief Eng.	
It Father's name It father's	d in	13				13a STREET ADDRESS	
RATHER'S NAME MODIE SOLATED BY SOLAT		5	MD. H				e Dr.
The was decased even in u.s. armed forces? Table Social Security no. 17. Informant Address Addre	2	14.	FATHER'S NAME	AND DIE LACT	15 MOTHER'S MAIDEN N		
The continuence of the continu	puo DX	a	Francis	- 1-1	e Tean		Sensohn
The Cause of Death lienter only one cause per line for (a), (b), and (c). Conditions, if any, which gove rise to immediate cause lost of the couse (b), storing the underlying cause last (c). PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	d co es 1	160			CURITY NO. 17 INFORMANT	ADDRESS	0.5.70.07.7
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).	Pag med		(YES, NO OKUNKNOWN) (IF YES,		7916 Kose 1	4. La Gose - 5.	ec. 13
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows ony injury, ar other traumatic event, the medical

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STATE OF MARYLAND

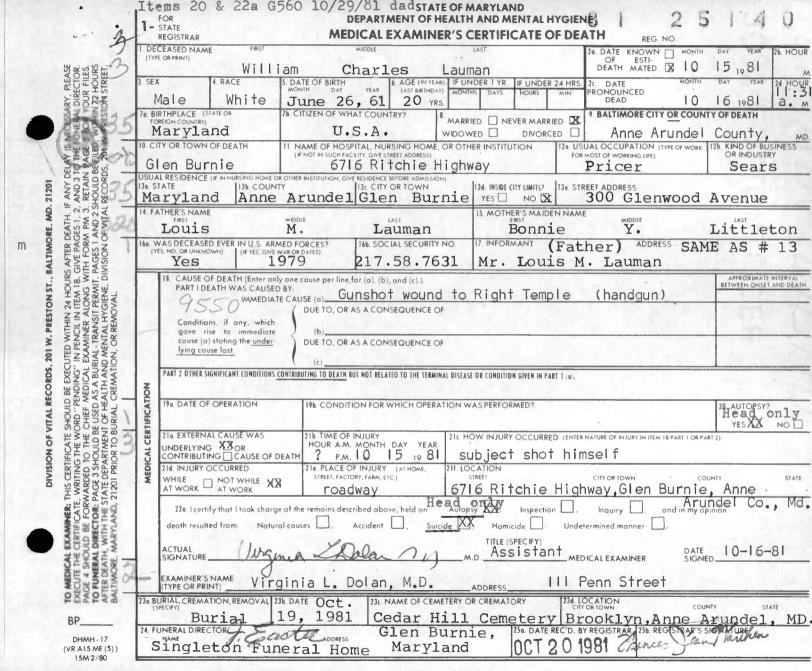
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-	sow the decease	did did na) view the bady	y ofter death	, 01	nd that is (my) (our) opinion	deoth occurred on th	dote and h	our and from the	couses stoted
	224 SIGNATURE		NV			DIGREE			22c. DATE	
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23a	BURIAL, CREMATION,	EMOVAL	23b. DATE	23¢. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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24 F	UNERAL DIRECTOR		3,00			25a. DA1	TE REC'D. BY REGISTR	AR 25h REGI	STRAR & SIGNA	W. J.

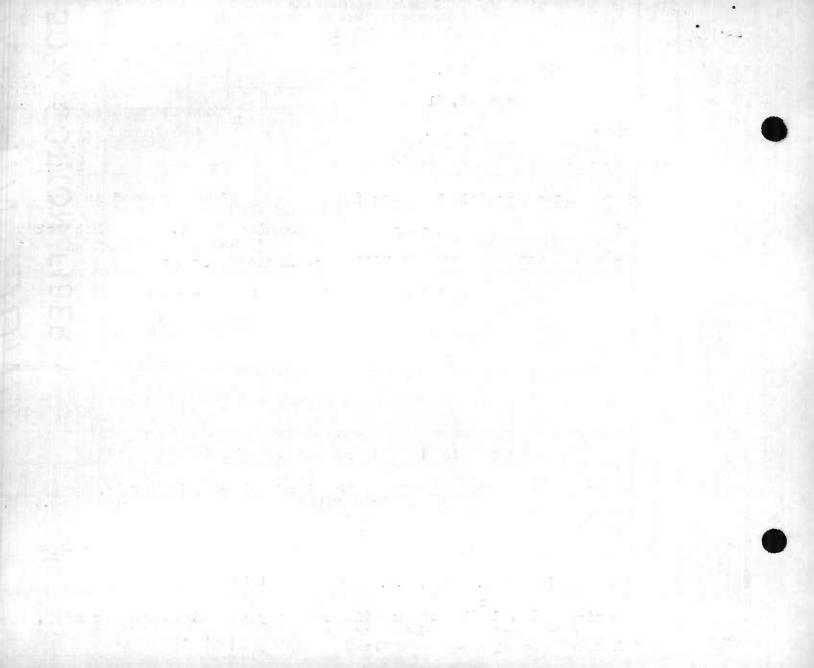
Hardesty Funeral Home 12 Ridgely Ave.

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		- STATE REGISTRAR	CERT	TIFICATE OF DEATH	REG. NO.	
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		ARUELIA	Eunice LAWSON		10-1 9 -8	
	3 SE	X	RACE 5. DAT	E OF BIRTH 15	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
1	1 0	F		THE 1913		YRS
31		IRTHPLACE (STATE OR FOREIGN)	6 CITIZEN OF WHAT COUNTRY? 8. MAR	RIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
20		ma	UISIA WIDO		ANNAPO	GAS A. A. MO
12	מ	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
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32 6	13a S	STATE 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	17
-	14.54	ATHER'S NAME	A IANNAPOLIS	YES NO	309 Center	-8/
17	14.17		IDDLE EAST	15. MOTHER'S MAIDEN NAM	WIDDLE	LAST
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If h		Howard h	1. Hald	ATTENDING	MEDICAL STAFF	10-24-81
Z -		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	PHYSICIAN LX	DIRECTOR PHYSICIAN	
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3	23a B	BURIAL, CREMATION, REMOVAL	236 DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
	-	BUTIAL	Oct 2.3. A8 Breu	Mrtill	AIXN APOL	K AA ma
1/81		UNERAL DIRECTOR	2	25a. DATE		EGISTRAP'S SIGNATURE
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DHMH - 16 50M 1/81 (VRA 15, 4)

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336		STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
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N OF VITAL RECOR	CERTIFICATION	198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING ACCIDENT WAS UN
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DHMH - 16 50M 1/81 (VRA 15, 4)	74. FI	aylor Funeral Chapel, Annapolis, Mu 2007 20 28 1989 1887

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I. DECEASED		CEASED NAME FIRST	MIDDLE	a little	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
dent dent		BESSI	maj		LEWIS	OCTOBER 20,	1981	2:30A M	
Heter, p	3. SE	Female	White		DATE OF BIRTH MONTH DAY Jan. 23, 1924	6. AGE (IN YEARS LAST BIRTHDAY) 57 YRS.	MONTHS DAYS	IF UNDER 24 HRS	
oth. Po		Maryland	76. CITIZEN OF WHAT COUN	1	MARRIED MEVER MARRIED TO	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL		MD	
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offer the offer	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FICE, EARM		CITY OR TOWN	COUNTY	STATE	
ATTENDI spriol or CTOR, A filorute of Heal	5	22a.1 certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did no		om 19 8	, and that in (my) (our) opinion	n death occurred on the date and hou		that (I) (we) lost couses stated	
TALOR y the house detoched		22b. SIGNATURE	2 Hon		DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	SIGNED	
etornid b TO FUNE should b with the 3	1	LONG S. HSU,			22e ADDRESS 7845 GLFN	OAKWOOD ROAD, SU BURNIE, MARYLAND			
7 5 5 4 3 ₹		BURIAL, CREMATION, REMOVAL			NE OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY	at tales	
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DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FI	Singleton	Funeral Hon	G Le	len Burnie ^{250. D}	OCT 2 1 198	RAR'S MAN	and a	

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG	NO.		
	CEASED NAME	FIRST		WIOOFE		AST	20. DATE OF DEATH	MONTH	OAY YEAR	2b HOUR
		NANN	E I	oudon		LEWIS	OCTOBER 2	6, 198	31	3:50 PM
3. SEX	Female		4 RACE W	hite	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
7a. BIF	RTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
	est Virgi		U.S	.A.	WIDOWE		A	NNE AR	UNDEL C	OUNTY ME
G	TY OR TOWN OF DEA	Ξ	(IF NOT IN SUI	ORTH ARUN	DEL H	OSPITAL	124 USUAL OCCUP.	ATION	12b. KIND (of Business or Cery
Ma Ma	AL RESIDENCE (# NURS TATE TYLAND	13b COUN	OTHER INSTITUTION TY A	GIVE RESIDENCE BEFORE 13. CITY OR TOW CLEN Bu		13d INSIDE CITY LIMITS? YES NO	13. 5185 6DDRS	s bert	s Cour	t
14. FA	THER'S NAME	٨	AIDDLE	_ last_		15. MOTHER'S MAIDEN NA	ME			
100	Charles			Loudo	n	Jessie			Thomp	
	VAS DECEASED EVER VES. NO OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	219.32.		17. INFORMAN(ISOn- Mr. Antho	In-Law) ^{ADD} ny Scard	ina,D	64 Ann r.,Gle	apolis n Burn:
	18 CAUSE OF DEAT PART I. DEATH W		y one cause per BY CAUSE (a)	line for (a), (b), and	dis	Carpuston a	aunt.			ONSET AND DEATH
7	Conditions, if ony, gave rise to improve (a), statin underlying cause	nediote ig the last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	NCE OF	al Alitumal Col	INAL PISEASE OR CO	DNDITION GI	VEN IN PART 10	0.
CERTIFICATION	19a DATE OF OPERA	ПОИ	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	INCERT	S, WERE FINDI	S OF DEATH?
	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	"	DE INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	YES NO	, ,	PART I OR PART 2)	NO []
MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	22s.1 certify that (1) say the occasy agove, (1)	Halve on	Tographo 2	after doub	10/	nd that in (my) (aur) apınian	death accurred on the	20/f	19, ur and from the	that (1) (we) last causes stated
	27h SCONATURE	X	MI	Bolan	wy	TENDING HYSICIAN	DIRECTOR PHY	TAFF SICIAN []	10 DATE	26/19
	22d PAYSICIAN'S				0	22* ADDRESS 7845	OAKWOOD	ROAD,	#205 /	/
	JORGE B.						BURNIE,	MARYLA	ND 210	61
15	URIAL, CREMATION, SPECIFY) Buria		30 OC	T.81 G1	en H	emetery or crematory aven Mem.Pk	• Glen B	urnie	, A.A.	, MĎ.
24 FU	Singleto	n Fu	neral	Home	Mary	Burnie 250. DAT		AR 256 REGIS		Wather

DHMH-16 50M 1/B1 (VRA 15, 4)

etoined by the hospital or

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

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IMPORTANT: If Item 21 is

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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE O	1 6	2 3 1	4 D
	CEASED NAME	FIRST	,	MIDDLE	1.	AST	2a DATE OF	REG. NO.	DAY YEAR	2b HOUR
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. SE		4.	RACE	1-	5. DATE C			ARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
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J5U/ 3a S	AL RESIDENCE (IF NURS STATE Md	NG HOME OR OT 13b COUNTY			ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET A	DDRESS Bruton	Drive	Burnie
	THER'S NAME PIRST	MID	DLE	Queen		Catherine	AME	WIDDLE	Duc	kett
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME		166 SOCIAL SECUI		17 INFORMANT Carolyn Sp	riggs 1	P. O. Bo	ox 325	len Burnie
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						2575				

BP

TO FUNERAL DIRECTOR: After this certificate has been

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
24 FUNERAL DIRECTOR

DR. MAX C. FRANK MD.

231 NAME OF CEMETERY OR CREMATORY Calvary Cem

23d LOCATION
Anne Arundel

425 RITCHIE HWY SE GLEN BURNIE MD. 21061

Md

William C. March F/H 1101 E. North Ave

236 DATE

DHMH-16 50M 1/B1 (VRA 15, 4)

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	1	FOR			OF MARYLAND		E , 1 6
	1-	STATE REGISTRAR	ME		LITH AND MENTAL HYG	EATH	3 1 9 0
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CTOR	3. SE	X 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	FUNDER 1 YR. IF UNDER 24 H	KS. ZI. DATE	MONTH DAY YEAR 24 HOUR
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2年度過ぎたり	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR ACILITY, GIVE STREET ADDRESS]	OTHER INSTITUTION 120.	USUAL OCCUPATION (TYPE O FOR MOST OF WORKING LIFE)	OR INDUSTRY
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		22a. I certify that I took ch		escribed obove, held on A	utopsy . Inspection	, Inquiry . and i	n my opinion
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NER STEEL	-	EXAMINER'S NAME	- /			. 1. 7	./
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524749	230. B	SURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETE	RY OR CREMATORY 23	LUCATION LL	COUNTY
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,USU, 13a. S	AL RECIENCE (IF NURSING HOME O STAT	NT) 13 EVY OR TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADD LESS	es hane
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230. 6	DUFIA.	10-6-1981 23C. NO.	akemont	Davidson	ville AA M.
1400		-		TE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE
	1. DE (1) 70. B 10. CERTIFICATION 14. EV. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	1. DECEASED NAME (TYPE OR PRINT) 3. SEX 70. BIRTHPLACE STATE OR FOREIGN 10 CITY OR TOWN OF DEATH 11 STATE OF DEATH 11 STATE OF DEATH 12 STATE OF DEATH 13 STATE 14. FATHER'S DIAME (YES, NO GRUNERNOWN) 15. CONDITIONS, If ONLY WHICH GOVE rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIPE CAUSE OF DE CIPE COUSE (I), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIPE CAUSE OF DE CI	TABLE REGISTRAR I. DECEASED NAME [179F OR PRINT] 3. SEX 4. RACE 5. ADCAS AN 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE AD 13. STAT 14. FATHER'S PLANE 15. CAUSE OF DEATH (IF YES GIVE WAR OR DATES) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO GRUNKHOWN) 18. CAUSE OF DEATH (IF YES GIVE WAR OR DATES) 18. CAUSE OF DEATH (IF YES GIVE WAR OR DATES) 19. CONDITIONS, if only, which gove rise to immediate couse (o), storing the underlying cause lost. 19. DUE TO, OR AS A CONSEQUENT OR CONSEQUENT OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 210. THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF ETHER NOTEY MEDICAL EXAMINER) 210. THE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OF MEDICAL EXAMINER) 210. THE OF OPERATION 190. CONDITION FOR WHICH OF MEDICAL EXAMINER) 210. THE OF OPERATION 210. THE OF OPERATION 210. THE OF OPERATION 210. THE OF OPERATION 210. THE OPERATION 21	FOR STATE REGISTRAR PRIST PROPERTY PROPERTY	FOR STATE DEPARTMENT OF HEALTH AND MENT AL HYGENE CRTIFICATE OF DEATH REG. N LOBCEASED NAME 1983

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1		EASED NAM	E	FIRST			WIDDIE			LAST	-		2s. DATE	KNOWN	TO MO	HTM	DAY YEA	AR 2b. HC	OUR
А	(TYP	OR PRINT)		Georg	ne e	W	ilson			Maga	rael		DEATH	ESTI- MATED		10	179	81	
1	3. 5E)		4 RAG		,	E OF BIRTH		6. AGE	YEARS IF	JNDER 1 Y	R. IF UNDER	24 HRS.	2c. DATI		MÓI	, -		AR 26. H	OUR
l	Mi	ale	Wh	ite	Aug	rust :	18 19	50 31	YRS.	NTHS DAY	HOURS	MIN.	PRONOU DE AI	NCED		10	1719	81 4	A.
7	7a. BI	RTHPLACE (S	TATE OR		7b. CIT	IZEN OF W	HAT COU	INTRY?	8. MAI	RIED [NEVER MARE	HED [9. BALTIA	AORE CIT	Y OR CO	UNTY	OF DEATH		
	-	nnesse	2		L	ISA				WED		CED XX	Ant	ne Ar	unde	1 0	ounty		MD.
1	ID. CI	Y OR TOWN	OF DE	ATH				URSING HO		THER INST	ITUTION	12a USU	JAL OCCU	PATION .	TYPE OF W	ORK 12	b. KIND OF	BUSINES!	
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		afland	(IF IN N	ANNE O				SPUSWI		13d. INS	DE CITY LIMITS?		EET ADDR						
4										YES				day N	lobil	e, I	raile	r Ci	y
3		THER'S NAMI		done	MIDDLE	11-	0.0 % 0.0	LAST		15. MO	THER'S MAID	ENNAME	-	MIDDLE			LAST		
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	(A)	5. NO, OR UNKNO	DWN)	HEYES GIVE	WAR OR D	ATES)		3-82-1				nı	,,		& Lo				
	4	25								Isue	Margar	Lg emmo	ther	/ Men	phis	, 1		AATE INTERV	
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1-13	7	Canditia	ins, if	any, which	1.	000 10, 0	K AS A CC	NASEOGEN	CEOF										
	-			immediate a the under-	3,	(b)	PASACO	NSEQUENC	TE OF					_					
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	N			HELD'S															
8	ATIC	196. DATE OF	F OPER	ATION		19b. COND	ITION FO	R WHICH O	PERATION	WAS PERF	ORMED?						2B AUTOP	SY?	
	IFIC																YES X	ON [
	MEDICAL CERTIFICATION	210 EXTERNA				216. TIME C		L DAV V	EAR 21c.	ILNI WOH	JRY OCCURR	ED (ENTER I	NATURE OF IN	JURY IN ITEA	A 18 PART 1	OR PART 2			
	CAL	UNDERLYING	G ∐ ING □	CAUSE OF D		2+ xx		17 19		driv	er in	auto/	fixe	d obi	ect	imp	act		
	EDK	216. INJURY	OCCUR	RRED		21e PLACE	OF INJUR	Y (AT HOME		OCATION			CITY OR TO			COUNT		STA	TE
	¥	AT WORK	ON LA	WHILE D	3	JINCET, PAI	road		R	t. 29	5		CHYOKIC	746 Ld			A.A.	Mo	
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de	Dip.	death result			al muse	1777	A code	X	Suicide	7	micide .		inquiry ermined m		7	ny upin	O(I		
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	23a.B	JRIAL, CREMA	TION,	REMOVAL 2	36. DATE	E	230	NAME OF	CEMETERY	OR CREM	ATORY	23d. LC	CATION	3 7	0	COUNTY	4-	1013	_
	1	Burial						edar t			eru	XXXXX	N X M X	CONCE	XXXX	eor	100	e X simi	rże
		NERAL DIREC						Hamps		Ave	250. DATE	REC'D. BY	1 198		EGISTRA WULGGO	0119	NATO NO	when	
	Hi	res/Riv	nale	li. F.H	S	ilve	r Spr	ing. 1	Md.		U	014	- 120	014		0			

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marked ar Item 18

MPORTANT: If Item 21 should be detached with the State Dept.

physicio

by

certificate has been bursal-transit permit. Mental Hygiene prias

ATTENDING

the haspital

plea paubis

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TRAR	DEF	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG, NO.	25150
NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MARY	G.	MAKA	ROVICH	10	30 1981 11:30 M
ale	4. RACE hite	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
CE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUR	VTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
and	U.S.A.	WIDOWE		PANNE ARUI	NDEL MD.
CLYN PARK	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE HAM MONDS	STREET ADDRESS)	w w	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126 KIND OF BUSINESS OR
ENCE (IF NURSING HOME O	NTY 130 CITY OF	e before admission) a town imore	13d INSIDE CITY LIMITS? YES NO	809 Pontiac	Ave.
NAME	MIDDLE LAS	iT.	15 MOTHER'S MAIDEN NA		LAST
John	Neff		Blan		Giles
EASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.		ADDDECC	1225
(11123,01	- /	34 9651			esswell Rd.
TI. DEATH WAS CAUS	nly ane cause per line for (a) ED BY: TE CAUSE (a)	bi, and ic	oran deci	dent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
500 tions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	ellitus		
(a) stating the	3				

underlying cause last PART 2 OTHER SIGNIFICANT COND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO CERTIFICATION Bodowa Liegotee. 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOF YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

SIGNATURE

22a 1 certify that (1) (this haspital) attended the deceased from

saw the deceased alive on_obove, (1) (we) (did) (did not) view the bady after death

PHYSICIAN

ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

DEGREE

230. BURIAL, CREMATION, REMOVAL

FOR - STATE REGIS DECEASED (TYPE OR PRINT)

en a. BIRTHPLA COUNTRY Maryl

BROOK

JSUAL RESID Md. 14 FATHER'S

160 WAS DEC

(YES, NO OF NO

18 CAL

Cond gave couse

3 SEX

Burial

231. NAME OF CEMETERY OR CREMATORY Holy Cross Cem

23d. LOCATION Brooklyn

COUNTY

256_REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 1/75 (VRA 15 (4))

0

FUNERAL DIRECTOR: After

24 FUNERAL DIRECTOR Balto Md. Gonce 4001 Ritchie Hgwy

23b. DATE

250. DATE REC'D. BY REGISTRAR

Calculated the Company of the Bushington

18			FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAI CERTIFICATE OF DEATH		5 5 EDT
. n∉	100		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
		3. SE		RNANDE 4. RACE	MALLET	OCTOBER 7, 1981	12:55 Æ
(M)		F	emale	White	5. DATE OF BIRTH MONTH DAY YEAR	MONT	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
116	97	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED		
by the trilled with	54		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
hours in b be fil	be	الادلا	AL RESIDENCE (# NUR HILL	OR OTHER INSTITUTION GIVE RESIDENCE	RUNDEL HOSPITAL BEFORE ADMISSION	Jales	Dakery
hin 24 hou ily filled in should be	35		MD. THER'S NAME		TOWN 13d. INSIDE CITY LIMI 2nsui//E YES NO 6 15. MOTHER'S MAIDE	Fr. 3 Box.	578
ompletely	* 70		Tsadore	MIDDLE Reels	FIRST	MIDDLE De	me V
o ba execu	2		(IF YES,	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT	- Mallet - Sec.	/3
requires that the death certific en signed by the attending phy t. Then please remove carbon pc or to buriol, cremation, ar remon	y injury, or other troumatic even	TION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS PINS	COURNE OF COURNE OF BUT YOURS OF THE PRESENTED TO THE	reficiery Robell wetetto	licolisen
The low tion. e has be at permit	2 Shows on	CERTIFICATION	14u. DATE OF OPERATION	1% CONDITION FOR W	CH OPERATION WAS PERFORMED		G CAUSES OF DEATH?
N P	1 9 18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		TIE ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF UNEDNIE NOTHY MEDICAL FRANK	DEATH HOUR A.M. MONTH	DAY YEAR	COURSED (ENTER HARVES OF HOURT IN ITEM 18, MART).	OR PART 25
	xed or	MEDICAL	MALL MUURY OCCURRED MALL MOTHER MALL MALL MALL MALL MALL MALL MALL MAL	THE PLACE OF INJURY (AT HOME LIBERT, FACTORS OF	FICE NAME TO STREET	CHY OF LOWN	COURS NAIT
Spitol or CTOR: Afi	iom si 12 r		220.1 certify that (I) (this ha	spital) attended the deceased from	0.	inian death occurred on the date and hour onc	, that (I) (we) last
- + - + e	Z ====		22b. SIGNATURE	O Inhan	DEGREE ATTENDI	MEDICAL STAFF	10 7 81
ro HOSPITAL etoined by th TO FUNERAL should be deti	MPORTANI		CENAP S. DO			7845 OAKWOOD ROAD, \$2 CLEN BURNIE, MARYLAND	
	≥		URIAL, CREMATION, REMOV		234. NAME OF CEMETERY OR CREMATE		DUNTY STATE
BP	В1	24. FL	NERAL DIRECTOR ROBert S.	10-10-81 Barranco - So	Meadowridgeller 501 Rigelie Hung	DOTA DOTSEY DOTE RECD. BY REGISTRAN 256. REGISTRAN DCT 13 1981 Frances	

THE SECTION OF THE SECOND STATES OF STATES The same of the same of the same les resident separate con Proceedings 20th Tigeth Con The Bull with the live than 126 11 122 12 102 11 11 () probable ()

STATE OF MARYLAND

- STATE REGISTRAR		FICATE OF DEATH	REG. NO.	DST
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR T
TYPE OR PRINT) KATHI	ERINE MARKO	WSKI	OCTOBER 10, 1	1981 8:45 M
SEX		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
F	W Noi	122 1883	98 YRS.	MONTHS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
POLAND		DIVORCED	ANNE ARUNDEL	COUNTY, MC
GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSP		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING HOLLSEWIE	126. KIND OF BUSINESS OR
SUAL RESIDENCE (IF NURSING HOME 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INTY A 13t. CITY OR TOWN BALTO	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	etus OPus
ADAM BA	GARD LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST SLOVE
WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES. C	ARMED FORCES? 166. SOCIAL SECURITY NO. GIVE WAR OR DATES) 2.561-6	17 INFORMANT 92'D F. SC	PHNUIT 144	2 DECATURS
PART 1. DEATH WAS CAUS	only one cause per line far (o), (b) ond (c).) SED BY: ATE CAUSE (o) ARC 5	mont		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	tic Coulos	vascular Dices	- years
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICAN	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\sum \) NO \(\sum \)
		21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
CITE EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive of	pital) attended the deceased from 19 8/, o	, 19	deoth occurred on the date and ha	, 19 , that (I) (we) lost our and from the causes stated
174 SIGNATURE	y un orfmo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
226. PHYSICIAN'S NAME THE	ORPRINT	22e. ADDRESS 95 Aqu		
SANG C. DOH.	M.D.	Glen Burn	nie Maryland 2	1061

DHMH - 16 50M 1/81 (VRA 15, 4)

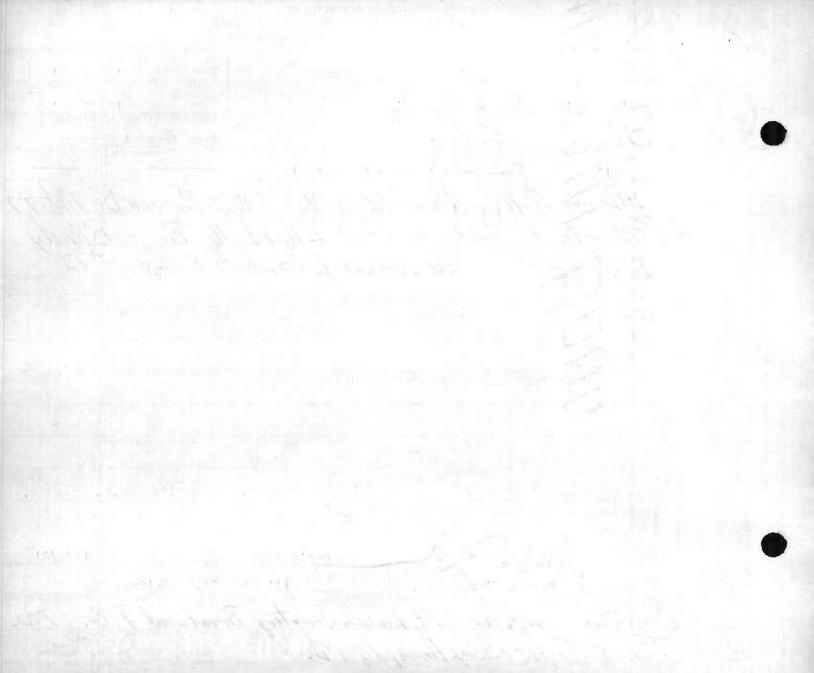
PORTANT If hem 21 is marked or frem 18 sha

CREMATION, REMOVAL

23b. DATE

PELMING LIPOLANDE OSAREIS ELLANDO

-	ems #10a-22a Film FOR STATE REGISTRAR		TE OF MARYLAND HEALTH AND MENTAL HY IER'S CERTIFICATE OI		25 53
(T	ECEASED NAME FIRST (PE OR PRINT) Ann	Todd	Mason	20. DATE KNOWN GOF ESTI- DEATH MATED	MONTH DAY YEAR 26. HC
3. SE	Female White	ATE OF BIRTH DAY DAY YEAR LAST BIRTHD OU, 6 1956 2 HY CITIZEN OF WILLIAM YEAR LAST BIRTHD Y	RS.	MIN: PRONOUNCED DEAD	MONTH DAY YEAR 24 HO 7: 10 5 1981 P OR COUNTY OF DEATH
6	OREIGN CO NIRY	U. S. A.	MARRIED NEVER MARRIE WIDOWED DIVORCE	D 42	del County.
3	Annapolis	name of Höspital, nursing Hom (if not in such facility, give street address) (Inne Arundel Gener	al Hospital	FOR MOST OF WORKING LIFE)	PE OF WORK 12h KIND OF BUSINESS OR INDUSTRY
5 13a.	AL RESIDENCE I IF IN NURSING HOME OR OTH STATE 13b, COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSI 13 OTTY OR TOWN		13e, STREET ADDRESS	EN Dr. Apt. T
21/	Ellsworth F.	MASON J	15. MOTHER'S MAIDEN	beth B.	Brady
1 00.	WAS DECEASED EVER IN U.S. ARMED YES, NO OR WIKNOWN) (IF YES, GIVE WAR O	FORCES? RDATES) 220-66-5	227 E/12AL	beth B. Mas	ON # 13
	IB CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	e couse per line for (o), (b), and (c).) Acute propoxy	phene intoxicat	ion	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE	OF		
	cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE	OF.		W
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART	t (a).	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		28 AUTOPSY? YES [X] NO
SALGER	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DAY YEAR	Ingested drug		
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	1065 Norman D	r. Annapolis	A.A. Co., Md.
	22a I certify that I taok charge of t	he remains described above, held an uses , Accident , Su		Undetermined monner	nd in my opinian
	ACTUAL SKENATURE		TITLE (SPECIFY)	MEDICAL EXAMINER	DATE 10/6/81
2-	EXAMINER'S NAME AND M	I. DIXON, M.D.			to., MD.
230.1	BURIAL, CREMATION, REMOVAL 23b. D.	ATE 231 NAME OF CE	METERY OR CREMATORY	23d LOCATION CONTROL DIFFERTUDE	Jens Bring!
1	UNERAL DIRECTOR	DDRESS		C'D. BY REGISTRAR 256 REG	HIS WAR S STONASTURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

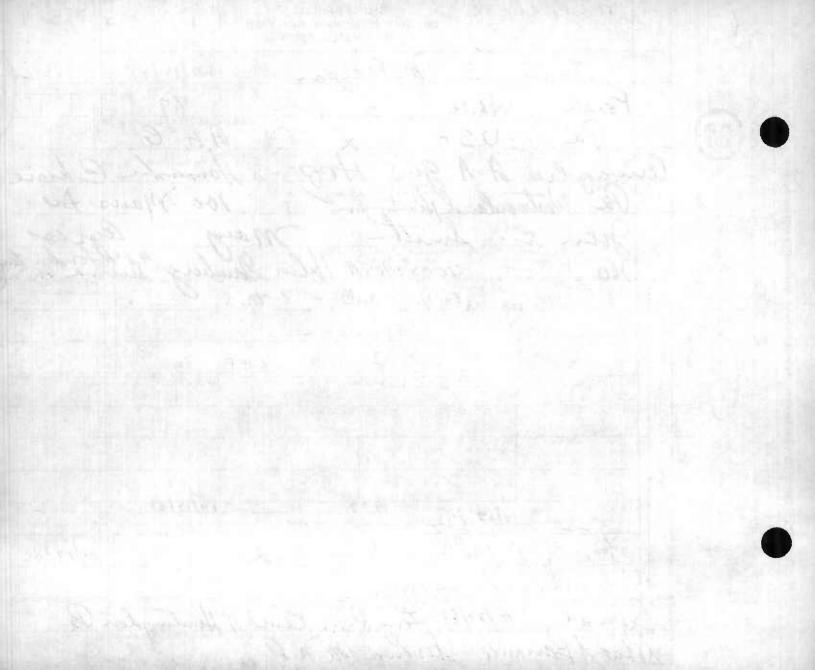
REG. NO

MCFARLANE

FOR

REGISTRAR

- STATE



STATE OF MARYLAND

The transfer of the second of Paris Committee Rotates assessed to the x and the lotter than the property of the second

	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 1 5 CERTIFICATE OF DEATH REG. NO.	6
o 6.4	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HI (TYPE OR PRINT) LAURA IDA MEYERS	OUR 700
(M)		DER 24 HRS
in 72 and dry	Married U.S.A. No citizen of what country? S. Never married Never married Ahne Afunde City Or country of Death) MD.
O Offiffied	10.1000,10.	Prods.
should be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland A.A. Ferndale YES NO A 7 Glendale Ave. Fern	
2 Cond 2	John Weslay Keene 15 MOTHER'S MAIDEN NAME FIRST MOTHER'S MAIDEN NAME MIDDLE PRIST MOTHER'S MAIDEN NAME FIRST MOTHER'S MO	Md. ips
s. Pages	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH lenter only one couse per line for (0), (b), ond or (1). 18 CAUSE OF DEATH lenter only one couse per line for (0), (b), ond or (1).	
Then please remove corbonopoper to burial, cremation, or removal.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cocklefica DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gover rise to immediate couse (0), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	R.
te hos been sit permit. giene prior shows ony	THE STATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 106. AUTOPSY? 1206. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE YES NO YES NO YES NO 1216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	EATH?
burial-trai Mental Hy or Item 18	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION	
should be detached for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is marked a	AT WORK	state I) we hast s stated
O & M	230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY GIVEN TOWN BURIAL 10/22/81 Glen Haven Cem. 23d LOCATION GLEY TOWN GIVEN BURNIE A.A. Mar.	yland
6 50M 1/76 15 (4))	Raymond C. Fink Glen Burnie, Md.	No.

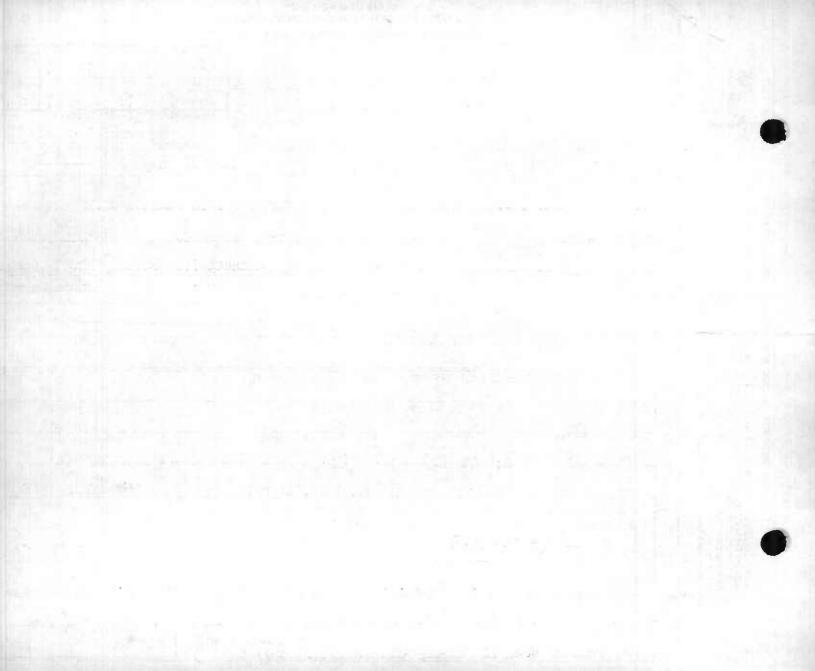
Appropriate the second of the construction of the second o STREET FOR DISTRICT ON THE STREET WATER WATER CONTRACT DANCES I

	0	m e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital as attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral of should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within 72 his with the State Deat, of Health and Mental Hunene prior to burial, cremotion or removal.
	D-D	

	1.	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8	2515	1
may be		CEASED NAME A FIRST OR PRINT) A DO L DA HRACE	MODIE S. DATE C	AST EBIRTH	20 DATE OF DEATH MONI	4-81 85	3,
Poge 4	70 B	RTHPLACE CHATEOR FOREIGN 76 CITIZEN	DE WHAT COUNTRY? 8.	12 1905	76 BALTIMORE CITY OR CO	YRS. DAYS HOURS	MIN.
death.	1000	TILL. U.	S.A. MARRIET WIDOWE	/ -	ANNEAR	undel	MD.
haurs after d in by the l be filed wit	A	(IF NOT IN SING HOME OR OTHER INSTITUTED IN THE SING HOME OR SING HOME OR OTHER INSTITUTED IN THE SING HOME OR OTHER INSTI	AUNDE (OLLO	wel trosp	CAPT. 45	INDUSTRY BUSINE	233 OK
thin 24 ha	13u. 5	13b coonty	13. CA OR TOWN HIS	YES NO	16 FAIR	VIEW AUE.	
ond on the property of the pro	6	MUST AVE ADOLE ADOLE	H MilhER	MARX	MIDDLE	KELLY	
be execu	16a V	VAS DECEASED EVER IN U.S. ARMED FORCE	321-34-0103	CAROL B.	MillER =	#13	
g physici an papel remayal, event, th	/	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonar	y insuffi	every	APPROXIMATE INTER BETWEEN ONSET AND	RVAL) DEATH
the death ce the attending remaye carb emation, ar is ner fraumatic		Canditians, if any, which gave rise to immediate	OR AS A CONSEQUENCE OF	lung.			
that d by ease ial, cr		underlying cause last.	OR AS A CONSEQUENCE OF				
require	CATION	PART 2 OTHER SIGNIFICANT CONDITION		Family 1		N GIVEN IN PART 110 IF YES, WERE FINDINGS USE	
N. The low sysicion. cote has be ronsit perm. Hygiene pri Hygiene pri	CERTIFIC.	NA.	NA ,		YES NOT	CERTIFYING CAUSES OF DEAT	TH?
SICIA ng ph certifi urial-tr tental	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	A.M. MONTH DAY YEAR P.M. 19 CE OF INJURY	216. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)	
or attending After this eas the builth and Marked ar	MEC	WHILE NOT WHILE AT WORK	STREET, FACTORY, OFFICE, FARM ETC	STREET	CITY OR TOWN	-	STATE
TTEND pital of TTOR. far use of Heo		22a.1 certify that (1) this haspital attended saw the deceased alive above, we will be did not view the ba	dy after death 19 87 , an	d that in (au) apinian d	eath accurred an the date a	nd haur and from the causes st	lated
0 9 0 0 E	•	Merhalf &	Penta up.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10.15.	81
TO HOSPITAL TO FUNERAL should be det with the State		MICHAEL J. La PE	NTA MD CLUR	MCUN PRIMI	NA ARYCARECLINIC	, ANNAPOLU, MO) .
BP	3	WEIAL SEMATION REMOVAL THE DATE	9/81 USNA	VAL HEADEMY	Awa poli	AA M	D.
DHMH - 16 50M 1/81 (VRA 15, 4)	OK	in M. Ly In Sous (Jungol M.	e oct	2 2 1981	and grant with	

ACAD TO ACT AND ACT AN MALE STANKS .4-3-1 STATE OF THE PROPERTY OF THE P MINERAL COMPANY OF THE STATE OF THE PROPERTY HE SEE SEEN TO SEE ATP#YO -Preference and environmental and the second 11.21.21 × 10.15.11 MIR HARE J. Cate Mary Her Cost Mayor Tronshy Charelling Howevery 1500 EURING A PARK RADION SOUTH HOUSEN AS PARKED AS MIS. HILL AND PROPERTY OF THE PARTY OF THE PARTY

d	FOR			STA DEPARTMENT OF	TE OF MARYLA		GIENE	6	2 5	1 5	8
10	- STATE REGISTRAR		ME	DICAL EXAMIN	IER'S CERTIF	ICATE OF		REG. NO.			
	DECEASED NAM	E FIRST		MIDDLE	LAST		2a. DATE OF	KNOWN X	нтиом	DAY YEAR	2b. HOUR
	THE OKTAWAY,	Chris	stopher	Robert	Mite	che11	DEATH	MATED -	10	1019 81	M
1.5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN Y	EARS IF UNDER 1 YE	R. IF UNDER 2	4 HRS. 2c. DATE	ICED		DAY YEAR	2d HOUR
m	ale	whit		14,195823		HOUKS	DEAD			0 1981	6:34
70	BIRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	VEVER MARRIEI	□ □x 9. BALTIM	ORE CITY OF	-		
5	Annapo		USA		WIDOWED	DIVORCE				1 Count	
100	CITY OR TOWN		LIF NOT IN SUCH F	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTI	TUTION	FOR MOST OF WOR		OF WORK	OR INDUSTR	
	len Bur		North Ar				FOR MOST OF WOR	mpany			
	UAL RESIDENCE STATE	(IF IN NURSING HOME		13c. CITY OR TOWN		E CITY LIMITS?	13e. STREET ADDRE	SS			
	Md	A.	A.Co.	Odenton	YES [] NO	500M	Placid	le Ct.		
14.	FATHER'S NAM		MIDDLE	LAST	15 MOT	HER'S MAIDEN	NAME	IDDLE		LAST	
6	Frank	Ierome		Mitchell		Susanna		Coral		Brads	haw
1 160	WAS DECEASE	DEVERINUS. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECURI				ADDRESS			
	no			216-74-91	55 J	erry Mi	tchell 11	2 Nort	hway		
	18. CAUSE C	OF DEATH (Enter or EATH WAS CAUSE		e for (a), (b), ond (c).)			Md.			APPROXIMATE BETWEEN ONSET	INTERVAL
	PARTID		TE CAUSE (a)	acture cerv		е					
BALIMORE, MARTON CALOT FROM 1 CALONICA, CALONI	81	60		R AS A CONSEQUENCE	OF						
	gove r	ins, if any, which ise to immediate	(b)								
	couse (o) stoting the <u>under</u> use last.	DUE TO, OF	R AS A CONSEQUENCE	OF						
			(c)								
2		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART	1 (a).				
	19a. DATE O	POPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS PERF	ORMED?				20 AUTOPSY	?
No.										YES XX	NO 🗆
2 8	21a. EXTERN	AL CAUSE WAS	21b. TIME O HOUR A.A	FINJURY M. MONTH DAY YEA	R		(ENTER NATURE OF IN)				
1	CONTRIBUT	NG CAUSE OF		4 10/10 198 OF INJURY (AT HOME,	1 driver	of auto	/lost com	ntrol/c	overtu	ırned	
1	21d. INJURY		718. PLACE STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)	STREET		CITY OR TO	WN	COUNT	TY	STATE
1	AT WORK	AT WOYX	roadwa		Route#3	,Genera	1s Hgwy,	Anne A	Arunde	e1Co	MD
3			ge of the remains de	escribed above, held an	Autopsy V	Inspection	, Inquiry	Onc	d in my apin	ion	
26.00	death resul	·	walkauses .	F. 3		micide .	Undetermined mo				
		1/7	Loin e.	14)		(SPECIFY)					10.5
	ACTUAL SIGNATURE	7/	Juan			sistant	MEDICAL EXAM	AINER	DATE SIGNED.	10/10	/81
-	EXAMINER'S		U D	Curud M D		111 0	enn Stre	o+ Pol+	to ME	21201	
0	(TYPE OR PR	INT)		Guard, M.D.	ADDRES	·		et, Dai	١١١٠ و ١٠١٠	7 21201	
				1237 NAME OF C	METERY OR CREMA	ALORY	23d. LOCATION				
23	(SPECIFY)	ITION, REMOVAL					CITY OR TOWN		COUNTY		ATE
	Burial		10/13/81		Methodis		Arnolo	Md REGIS	DV4c		En .
24	Burial EUNERAL DIRE	CTOR	10/13/81 ADDRES	Asbury	Methodis		Arnolo EC'D. BY REGISTRA 1 3 1981	Md. R. P. REGIS	DV4c		



BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

.4	1.	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		E.D.T.
U		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		AGNES	C armean	MOORE	OCTOBER 1,	1981 7:26 A
	3. SE	Land	4. RACE Welch	SEPT. 20,1906	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
et Orce	1	RTHPLACE ISTATE OR FOREIGN Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUNDEL CO	OUNTY MD.
54 54	G	LEN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A NORTH ARUNDEL H	OSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Stenographer	
of stands by	130. S	aryland Ann	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY eArundel GlenB	urnieyes NOK	13. STREET ADDRESS 501 Westway	7
Dx 20		Ralph	K. Carme		MIDDLE E .	Lewis
e medico	160 V	VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) I IF YES GI NO N	RMED FORCES? 166 SOCIAL SECUR A 217-07-		ADDRESS Sa C. Moore (HUS	
event, th		PART I. DEATH WAS CAUSI	nly one cause per line lor (o (b), and ED BY: .TE CAUSE (o)	diae aur	6	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
aumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	inter cul Fr	hullati	
ır ather tı		gave rise to immediate cause (a), stating the underlying cause last				
injury. o	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
2 ams and	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	INCERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES
hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
marked ar h	MEDICAL	MALE INTRA OCCUBRED	21e. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE. FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
.50		22a 1 certify that (I) (this hasp say the deceased alive or	1012011	ond that in (my) (our) opinion of	death occurred on the date and ha	, 19, that (I) (we) lost our and from the causes stated
MPORTANT: If Item 21		22h 4GPW 1025	0)	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAFF	22c. DATE SIGNED /8/
PORTAN		ANTREZ, JOS	RGE B., M.D.	274 ADDRESS 7845	OAKWOOD ROAD SU: BURNIE, MARYLAN	
¥		JURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial	5 OCT 81 G	len Haven Mem.P		
/B1		SINGLETON FU	NERAL HOME "GLI	EN BURNIE, MD.0C	T 2 1981	DARY URE

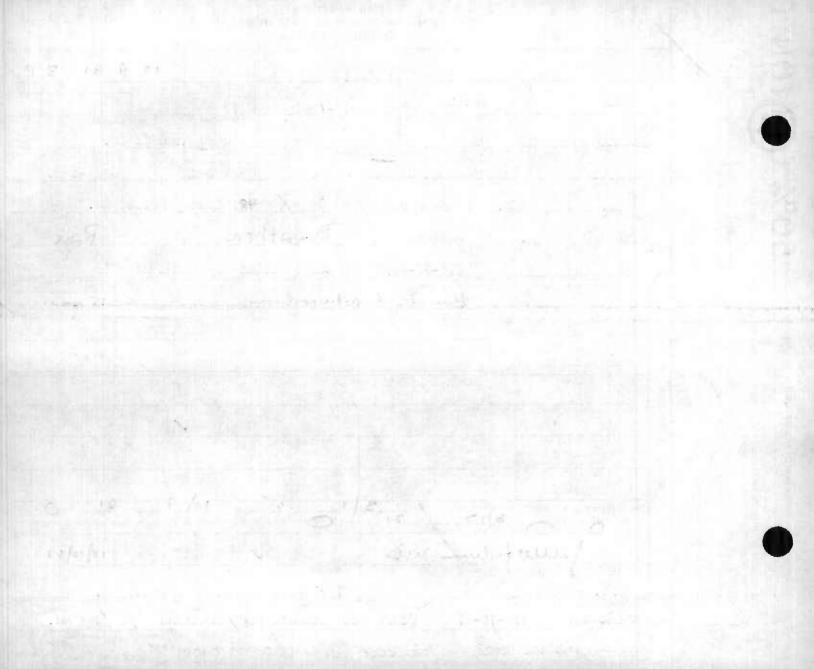
description of the THE REST OF THE PARTY OF THE PA 2 1 21

DHMH - 16 50M 1/88 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA
CERTIFICATE OF DEATH

- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
I. DECEASED NAME	FIRST	WIDDLE		AST	20 DATE OF D		DAY	YEAR	26 HOUR
	Carl A	uaust	Muel	Per		10	9	81	3 P
3. SEX Male	4 RACE	hite	5. DATE (OF BIRTH	6 AGE TINYEAR	RS LAST BIRTHDAY)	MONIH	DER 1 YEAR	HOURS MIN
70 BIRTHPLACE ISTATE C	PREFOREIGN 76 CITIZEN O	F WHAT COUNTRY	V2 0	D NEVER MARRIED		CITY OR COUN		EATH	
Germany		SA	WIDOWI	DIVORCED	Anneo	Arundel	e Co		N
10. CITY OR TOWN OF D		F HOSPITAL, NURS UCH FACILITY, GIVE STRE	EET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		L KIND O	F BUSINESS O
Annapolis	Anne	Arundel (General	2 Hospital	Salesm	ian		elf-E	Emp.
Md.	IRSING HOME OR OTHER INSTITUTION 136 COUNTY AACO.	13c CITY OR FO	NW	13d. INSIDE CITY LIMITS?	13e. STREET AD	odress Sing Fore	est 1	Rd.	
14 FATHER'S NAME FIRST Karl	MIDDLE	Muelle		15. MOTHER'S MAIDEN N.		MIDDLE		RIAS	ii Dec
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)			17 INFORMANT	0	ADDRESS		12	100
No		218-30-	-6477	Charles Mil	ler	Same as	5#		MATE INTERVAL ONSET AND DEATH
o l	y, which mediate ling the se lost (c)_ GNIFICANT CONDITIONS (DENCE OF		MINAL DISEASE C	DR CONDITION (GIVEN IN	PART 11c	
190. DATE OF OPER	ATION 196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CER			OF DEATH?
210 ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH HOUR	of injury A.m. month P.m.	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATUR	E OF INJURY IN ITEM I	8 PART : O)R PART 2)	The state of the s
21d. INJURY OCCU	WHILE THOME S	E OF INJURY STREET, FACTORY OFFICE	E, FARM, ETC)	214. LOCATION STREET		CITY OR TOWN	C	OUNTY	STATE
	l) (this haspital) attended to used alive on the load (did) (did not) view the load			od that is (my) our) apinian	, ta, death accurred a	on the date and h	. 19 S		that (1) we) la causes stated
226 SIGNATURE	muchd	un n	de	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	2	10 10	SIGNED
22d. PHYSICIAN'S P	edeman			1607 Forre			s. Mo	d.	
23a BURIAL, CREMATION Cremati BUXXX	N, REMOVAL 236 DATE		NAME OF C	EMETERY OR CREMATORY	HORY . I		Mix	4.	STATE
230 BURIAL, CREMATION CREMATIBLES 24 FUNERAL DIRECTOR	N, REMOVAL 236 DATE	-81	NAME OF C West v	EMETERY OR CREMATORY (1) 250. DA	23d. LOCATION OF THE REC'D. BY REG		Min	of:	NAT

Annapolis, md



	1	FOR		E OF MARYLAND EALTH AND MENTAL HYG	HENE ()	5 1 6 1
	11-	STATE REGISTRAR		R'S CERTIFICATE OF I	SEATH	3 1 0 1
(Ba)		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
" (171)		E OR PRINT)	Treat	MYEDC	OF ESTI-	
5655E	3.563	SAI	DATE OF BIRTH IL AGE IN YEAR	MYERS I IF UNDER 1 YR. I IF UNDER 24 H		0-31-819 M
S S S S S S S S S S S S S S S S S S S		1 2	OTH DAY TEEN LAY BEING	MONTHS DAYS HOURS MI	N. PRONOUNCED	10.15
SSARY, P VALDIREC YOUR HIN 72 H ESTON SI		emale white	19. 4, 1910 65 YR		A BALTIMORE CITY OR C	0-31-8119 DM
名音器	1 10	Marin (1100	MARRIED NEVER MARRIED		
3 -	100	TY OR TOWN OF DEATH II.	NAME OF HOSPITAL, NURSING HOME,	WIDOWED DIVORCED	Anne Arunde	
2/3	2		(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE	SUR MOUSE
387	_	Annapolis AL RESIDENCE (IF IN NURSING HOME OR OTH	Anne Arundel Gener		Trupse	U.S. MIMY
334	13a. S		A ISCHY OR TOWN		STREET ADDRESS	hURY / ANE
2 SHOULD BI AL RECORDS	14. FA	THER'S NAME	1	15 MOTHER'S MAIDEN N	FAME	
RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 3: PAGE 3 HOUD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUD BE FILED STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 20 IN 3, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Albert	TYASK	Kuth	WIDDLE	Kogers
ON ON O	16a. V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	Q#12
A A G B		Yes WWI	004-03-29	181 LAUTEN	ce s. Myel	PS 13
N O		18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	e cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A ENERA		IMMEDIATE C		njuries		
A P P P P P P P P P P P P P P P P P P P		8147	DUE TO, OR AS A CONSEQUENCE O	F		- F
A A NEW	12	Canditians, it any, which gave rise to immediate	(b)			
SEN S		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE O	F		leave in still line
N S			(c)			
EMAT	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIDUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN PART I	O.	
<u> </u>	- I 을	19g DATE OF OPERATION	1196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
RIAL	CERTIFICATION			The second secon		
7	E	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	ZIC HOW INJURY OCCURRED IN	ENTER NATURE OF INJURY IN ITEM 18 PART	YES NO
25		UNDERLYING AND OR CONTRIBUTING CAUSE OF DEA		subject struc		
20	MEDICAL	ZId. INJURY OCCURRED	TH P.M. 19 ZIE PLACE OF INJURY (ATHOME.	ZIF. LOCATION		
01 6	ME		STREET, FACTORY, FARM, ETC.)	Route 2	CITY OR TOWN	el Co., Maryland
212		AT WORK AT WORK	highway		AnneArund	el Co., Maryland
S S		220. I certify that I taak charge af	the remains described abave, held an	Autapsy XX Inspection		my apınian
× ×		death resulted fram: Natural c	auses . Accident . Suic	ide . Hamicide	Indetermined manner 💢.	
44		ACTUAL VALLE	to de allas	TITLE (SPECIFY)		DATE
RE,	+	SIGNATURE PULL	a My mon	M.D. Assistant		SIGNED 11-1-81
AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	15	EXAMINER'S NAME Mar	garita A Koroll N	10 111 5	Penn Street	
E -			garita A. Korell, M			
8	The	RIAL, CREMATION, REMOVAL 23b	DATE 23C NAME OF CEM	ETERY OR CREMATORY 2	31 TOEATION	feell mi
	4	remallow Mo	1,2,1981 VI, LINC	OIN CEMPIETY	D. BY REGISTRAR 125%, REGISTR	ANS SIGNATURE.
1-17	7	UNERAL DIRECTOR	ADDRESS AND ONLY	NOV.	D. BY REGISTRAR 256 REGISTR	an athen
5 ME (5))	1/0	MULLIAYIOF	NOWS MUNH DOM	1/1/	- 1001 q150000	The same

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109, 4,1915 63 MAINE ... U.S. H. Nurse W.E. Hray Milbert Trask Ruth Regging Land Granntino Hos 2, 1981 Ft. Lungh Cantery Brandwood P.C. P.D. John M. Toder wars Homesoles M. . .

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

the the many palet and many to the title the first that See Server of the Server of th FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	011100				
ОПТН	DAY	YEAR	2b HO	JR	
	_			-	

		REGISTRAR				CE.((1)	TEATE OF BEATTI	R	EG. NO.				
		CEASED NAME	FIRST		WIDDLE		AST	20. DATE OF DE.	ATH MONTH D	AY YEAR	2b HOUR		
	(TIPE	OR PRINTS	WILLI	AM	RAYMOND	N	ICHOLSON	OCTOBER	3, 1981		9:00A M		
	3. SE	X		4. RACE		5. DATE (6. AGE (IN YEARS		IF UNDER 1 YEAR			
		Male		Cauc	asian	Apr		74	YRS.	UNIAS DAYS	HOURS MIN.		
1	7a. BI	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH			
¥		Kansas		US	A	WIDOWI		ANNE	ARUNDEL	COUNTY	MD.		
ú	10. CI	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING LIFE		OF BUSINESS OR		
4		GLEN BURN		N	ORTH ARUN	IDEL H	OSPITAL	Weld		Reti	red		
23	USUA 13a S	AL RESIDENCE (IF N	13b COUN		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADD	RESS				
0		Md.	AA		Glen B			7499 A	Furnac	e Bran	nch Rd.		
2	14. FA	THER'S NAME		WIDDLE	1241		15. MOTHER'S MAIDEN N		DDIE				
E		William			icholso	n	Mamie	mi	3016	Stee	ele		
		VAS DECEASED EV		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS				
		No	(11/125, 01/	E WAR OR DATES)	513-07	-021	Patricia	Nichols	on.same	as 17	3		
		18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for (a), (b), an	d (c).1 /					MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH		D BY:	yal.n	utr	ition			>4	month		
		1629 DUE TO, OB AS A CONSEQUENCE OF											
		Conditions, if a	ny, which	(100	Brino	hos	enic la	with m	etastan	2 > 6	month		
		gove rise to couse to, sta		DUE TO O	R AS A CONSEQUE	INCE OF	to siver	. Bran	u Rtc.				
		underlying con	use lost.	(c)	and the state of	1165 311		100					
		PART 2 OTHER S	IGNIFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF	CONDITION GIVE	N IN PART 10	O.		
	CERTIFICATION	Di	wools	mal	ulce	4							
9	CA	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		WERE FINDING CAUSES			
1	FIF							YES NO	YES	_	NO 🗆		
7		OR CONTRIBUTING	L.	110110 1	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM TS PA	RT T OR PART 2)			
1	CAL	(IF EITHER NOTIFY M		(III)		19	1 1 1 1						
	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARAA EYC \	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE		
	~	AT WORK AT	WHILE .				10 to						
		220.1 certify that		1 1 0	e deceased from	das	a, 24 , 19 8	1_, to_QC	7.3		that (I) (we) last		
		saw the dece above, (I) (we	ased alive an) (did) (did no	t) view the body	otter death.	, 01	nd that in (my) (our) opinio	n death occurred an	the date and hour	and from the	causes stated		
		22b. SIGNATURE	0	1		4	DEGREE	urdion		22c. DATE	SIGNED		
		19.	4. 6	elos	no,	7.6	ATTENDING PHYSICIAN	DIRECTOR .	STAFF PHYSICIAN [101	13/81		
8		22d PHYSICIAN'S	NAME (TYPE O	R PRINT)		9 70	22e ADDRESS 14	106 CRAIN	HIGHWAY,	#102			
		BERNAI	RDINO A	. ALONS	O, M.D.	U.S.	GI	LEN BURNIE	, MARYLAI	ND 210	061		
۱		URIAL, CREMATIO	N, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE		
	C	rematio	n	5 Oct	.81 Se	curi	ty Process		sville.				

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any

S. Kirkley, Glen Burnie Tames

District Activity Limbal salaraning . The demonstrates of the transfer of the same of the The engineering was but a life it -t c The section of the section of the second The way of the second the second market of the second The second secon . Die of the officers and second vertices the off and territor

	/	MARKET PROPERTY.					ARYLAND		()	-	in just	2 9	. 2
V		FOR STATE			EPARTMENT OF				~ .	6	2 5	1 0	4
10		REGISTRAR			ICAL EXAMIN				ATH	REG. NO			
11		CEASED NAME E OR PRINT)		1	MIDDLE Robert		IASTNIKO	DEM	2a. DATE	KNOWN ESTI-	MONTH DA		26 HOUR
ASE S.S. E.S.			2//		berT	N	1100	DEM		MATED		19	RM
DIRECTOR. UREASE URE FILES UR FILES UN FILES UN STREET	3. SEX	4. RAC	1	5. DATE OF BIRTH	6. AGE (IN YE.			UNDER 24 HRS	PRONOL		MONTH DA	AY YEAR	2d HOUR
P. DIR.		Male	unt	EPT.6,1		RS.		Mild,	DEA	D	10 23		PM
GESSARY, JERAL DIR	7a. BI	RTHPLACE (STATE OR		76. CITIZEN OF WHA		8. MARRI	ED NEVER	MARRIED [9. BALTI	MORE CITY OF	COUNTY O	FDEATH	
25		111inois		U.S.A		WIDOW		OVORCED	AN		UNDEL	_	MD.
LAY IS PAGE FILE FILE	10. CI	TY OR TOWN OF DE	ATH		ITAL, NURSING HOME	, OR OTH	ER INSTITUTIO	12a. U:	SUAL OCCI R MOST OF WO	JPATION (TYPE	DF WORK 126.	OR INDUSTR	T.
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Mt. Zion Church Com.

Lothian, Maryland

OCT 16 1981

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) 23a BURIAL CREMATION, REMOVAL Burial

23b. DATE 10-12-81

Beal1 Funeral Home, 1212 Westers, Annp.,

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	10		FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 I	25169
16	T de la constant de l	(TYP	CEASED NAME FIRST VERY NO.		Palum bo	/	ONTH DAY YEAR 26 HOUR 0 - 1 - 81 1133 Am
1	9 9		Temale F	Whi#e	5. DATE OF BIRTH MONTH S JO YEAR JO JO JO JO JO JO JO JO JO J	6 AGE (IN YEARS LAST BIRTH	MONTHS DAVE MOVEMENT
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in 24 ha	should be	I		A. Glen Bi	irnie YES NO X	13e STREET ADDRESS 401 Joy	ce Drive
uted with	omplete 1 and 2		Jacob	Polcha	15. MOTHER'S MAIDEN NA/	WIDDIE	Hanisek
be exec	rs. Pages		no 196-	WAR OR DATES) -01-28-W-19-28	36 Joseph J.	Palumbo s	ame as 13e
quires that the death certificat	signed by the attending physic her please remove carbanpape to burial, cremation, ar remaval ijury, ar ather traumatic event, t	NO	PART I. DEATH WAS CAUSED ### A 6 O Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	INAL DISEASE OR CONDI	APPROXIMATE INTERVAL BETWEEN ONSET AND 1
The law re	in permit. I tene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
YSICIAN: Jing physic	burial-transit Mental Hygir ar Item 18 sh	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH DA P.M. 216 PLACE OF INJURY	Y YEAR 19 211. LOCATION	ED (ENTER NATURE OF INJURY I	NITEM 18 PART 1 OR PART 2)
DING PH ar aftend	se as the kealth and marked a	MEI	WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (1) hospital	(AT HOME, STREET FACTORY OFFICE FA	ARM ETC) STREET	to 10/1	COUNTY STATE
oITAL OR ATTEN by the hospital	FUNERAL DIRECTOR uld be detached for u the State Dept, of He ORTANT: if them 21 is		sow the deceased alive an obove, (I) translated (I) 22b. SIGNATURS	view the body ofter death. 1981	DEGREE	MEDICAL STAFF	and hour and from the causes stated 22c. DATE SIGNE
TO HOS	TO FUNERAL should be dewith the State IMPORTANT:	23o E	R. I. HOC URIAL, CREMATION, REMOVAL	hman, hui	16 Marro	1236 LOCATION	majoles rech
	16 50M 1/81 A 15, 4)	24 FI	Specify Burial UNERAL DIRECTOR Lirkley Funera	5 Oct. 81 M	eadowridge Mem 1	CITY OR TOWN	Howard Md.
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14		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 5	10
		Ŀ	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
*	750	I DE	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH, DAY YEAR PREOR PRINT)	26 HOUR
9 %	Vm B	_	WALLACE JAMES PARKER 10/4/81	1645pm
4 m	FIMI	3. SE		IF UNDER 24 HRS
900		A 74 P	10 19 L VRS.	
deoth.	35	74 5	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED ANALY ANALY	eL MD
nofter d	11 300	10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 129 USUAL OCCUPATION 129 KIND O	BUS INTESS PRI
201 urs of	33 205	A	INNADOLIS A. Gen, HORLITAL Retired-NAVAL-	AcAd.
AND 21	filled in auld be	130	UAL RESIDENCE I IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137 CITY OR TOWN 138 INSIDE CITY LIMITS? 7/9 MEL VIN AVE	
MARYLAND 2120 ed within 24 hours	ompletely 1 and 2 sh	14 F/	FATHER'S NAME FIRST MIDDLE PA IS MOTHER'S MAIDEN NAME MIDDLE LAST	4
	a	16g. V		•
BALTIMORE,	S. Pag	1	YES ON UNKNOWN WE SES CHIMMED OR DATES TO SOLD THE DESCRIPTION LAURA E. PARKER-719-1	GELVIN
	O 0 - E	V	18 CAUSE OF DEATH Enter only ane couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY	MATE INTERVAL DINSET AND DEATH
PRESTON ST.,	ng l		1539 IMMEDIATE CAUSE (a) Carry of Color	
STO	attendin nave car atian, ar traumati		DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which	
PR de de			gove rise ta immediate	
thot t	by Dise offi		cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
20	signed hen plec to burial	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	
COR	been The prior to ony in	ATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDIN	CS USED
IL REG	ste has the nest permit of the	CERTIFICATION	IN CERTIFYING CAUSES (
F VITA	or Item 18 shaws or Item 18 shaws	CER	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) OR CONTRIBUTION COLORS OF DEATH HOUR A.M. MONTH DAY YEAR	
NO N	certificentificential	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION OF VITAL RECORDS,	the the	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
0	OR: After the ruse as the Health and I is marked		22a.1 certify that (1) (this haspital) attended the deceased fram 1978	hat (1) (we) last
ATTEN	for us and He		saw the deceosed alive an 1011/51 19 , and that in (my) (see) apinion death accurred on the date and hour and fram the cobave, (I) (we (did) (did see view the body after death.	, , ,
	DIRECTOR: ached for us Dept. of He f hem 21 is		226. SIGNATURE DEGREE 226. DATE S	MGNED
4 :			Starty Worth ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ()	4/8)
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2	oh oh oh	23n - E	RURIAL, CREMATION, REMOVAL 236, DAYE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION	111
В	P	D	WIAL Oct, 8-81 PINELAWN HINABOLISONITHA	Md
	H - 16 50M 1/81 VRA 15, 4)	74 FL	CIL HICKSTT ANNOPOSS POLIS - Md 250 DATE REC'S. BY REGISTRARY SOMA	Start L
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STATE TO SELECT THE LEADING THE PROPERTY OF THE PARTY OF a service we fig to be seen that the service is a service of the s FOR

- STATE CERTIFICATE OF DEATH REGISTRAR MONTH 26 HOW AGE ON YEARS LAST BIRTHGIAG FUNDER LYLAR BALTIMORE CITY OR COUNTY OF DEATH APPROXIMATE INTERVAL METWEEN CONSET AND DEATH PART 2 OTHER SIGNATICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (dur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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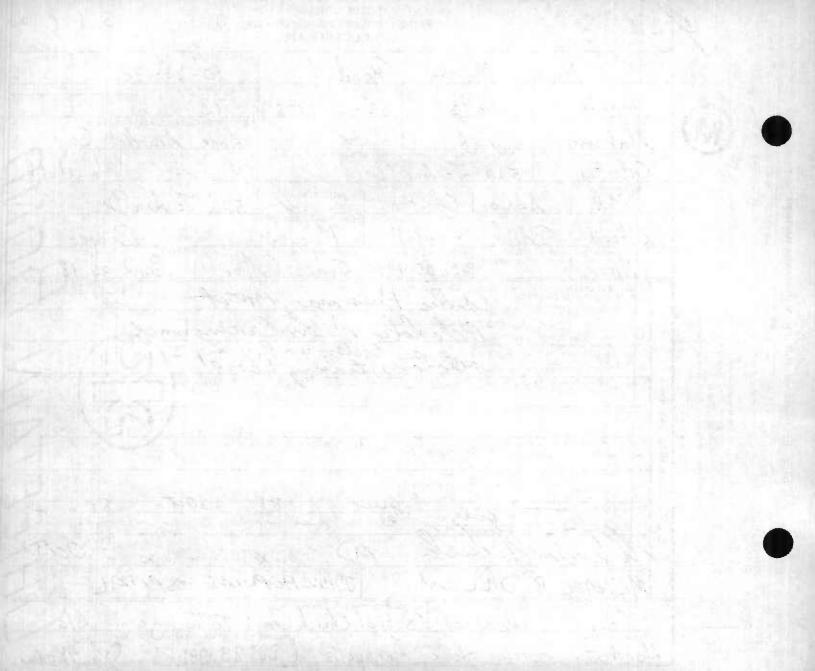
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MARYLAND 2120

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



1	1.	FOR STATE REGISTRAR				CERTIFICAT	AND MENTAL HYG		REG. NO.	5 1	7 / EST	
-		CEASED NAME E OR PRINT)	FIRST	AA	IDDLE	LAST		20. DATE OF D	DEATH MONTH	OAY YEAR	26 HOUR	
-			WILSON		L.	REGIS			OBER 27,		9:12A M	
(A)	3. SE	1,515,01	4	I. RACE		5. DATE OF BIRT	DAY YEAR	6 AGE (IN YEA	ARS LAST BIRTHOAY)	MONTHS DATS	HOURS MIN.	
1000		Male	- 0		asian	July 2	23,1910	YRS.				
DL		IRTHPLACE (STATE OR	FOREIGN 7		VHAT COUNTRY?	MARRIED 1	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
90	_	Mary Land	A T14	USA					ANNE ARUNDEL COUNTY MD			
34		GLEN BURN	IE	(IF NOT IN SUCH	FACILITY, GIVE STREET RTH ARUND	EL HOSPI		(TYPE OF WORK F	OR MOST OF WORKING	LIFE) INDUSTRY	red.	
35	13a S	AL RESIDENCE (IF NUR STATE Md.	13b COUNT	TY	13t. CITY OR TOW	rnie YES			odress Paradise	e Lane		
AE 7	14. FA	ATHER'S NAME	M	HOOLE	LAST *		DTHER'S MAIDEN NAM	30	MIDDLE	ŁAS	1	
2010	1	Robert	D		Registe		Elizabet	h				
medical		vas deceased ever yes, no or unknown) No		WAR OR CATESI	212-05-		rormant Ordon Reg	istan	ADDRESS	ame as	13	
or other traumatic event,		18 CAUSE OF DEAT PART I. DEATH V Conditions, if ony gove rise ta im- cause (a), stolin underlying cause	VAS CAUSED IMMEDIATE , which mediate ng the e last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	INCE OF	live	Z) Co	hr for	leve	IMATE INTERVAL ONSEL AND DEATH	
shows any injury,	CERTIFICATION	190 DATE OF OPERA	TION		TION FOR WHICH	OPERATION WAS	PERFORMED ONE OF THE TERM OF	20a AUTOP	PSY? 20b. IF Y	ES, WERE FINDII IFYING CAUSES YES []	NGS USED	
or Item 18	WEDICAL CI	OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A.M P.M 21e PLACE O	A. MONTH DA	19 211 L	OCATION STREET		CITY OR TOWN	COUNTY	STATE	
morked	2	WHILE NOT WE AT WORK AT WORK AT WORK	PK			10/22	18/19		0/27/	10/	that(I) (we) last	
ANT: If Item 21 is		saw the deceas above (I) (we) (22b. SIGNATURE	ed of we an _did)(did nat)	view the body of	1 11 7	, and that DEGRE	ATTENDING _	MEDICAL _	on the date and he	22c. DATE	causes stated	
IMPORTAN		22d PHYSICIAN'S N		VU, M.D.		22e A			DD ROAD, E, MARYLA		101	
≥	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE 30 Oct	23€ 1		RY OR CREMATORY On Mem. Pk	23d LOCAT	ION	COUNTY	Md STATE	
1.0.0		INERAL DIRECTOR	-						CISTRADISE DECI		101/	

DHMH - 16 50M 1/B1 (VRA 15, 4) James S. Kirkley, Glen Burnie

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	1			STATE OF MARYLAND	0 :	0 = 1 7 0
	1 - STATE CERTIFICATE OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF LACE NO.					23110
	1 08	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	D. MONTH DAY YEAR 25 HOUR
9 74	(TYP	Fannie	Rhac	Reniviet	1	0 22 81 615 AM
yen /	3 SE		RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTS	
age 4 c	1	-emale	Caucasian	MONTH DAY YEAR 5 19 97	84	MONTHS DAYS HOURS MIN
£ 14 57 G		IRTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY O	COUNTY OF DEATH
unera n 72		Tennessee	U.S.A.	WIDOWED DIVORCED	Hone Arondel Mo.	
urs after by the followithing st be no	10 0	ITY OR TOWN OF DEATH	JE NOT IN SUCH FACILITY, GIVE STREE	NG HOME OF OTHER INSTITUTION TADDRESS) TANDY INC.	12e USUAL OCCUPATH (TYPE OF WORK FOR MOST OF HOUSEWILL	WORKING LIFE) INDUSTRY
2 == 2	USU	AL RESIDENCE (IF NURSING HOME OF OT	THER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)		E Trome
within 24 I		STATE 136 SOUNTS	1/1- 0	YES NO STANDER NAMED IN MAN	6901 Glen	Ridge Circle
- 00 A-10	1	FIRST MID	DOLE	IS MOTHER'S MAIDEN NAM	WIDDLE	LAST
completion and the secured completion and the se		EDWARD -	TENNES		ELLEN	HESTER
be executand con ages i are the med		WAS DECEASED EVER IN U.S. ARME YES, NOIDE UNKNOWN) (IF YES, GIVE WA	ED FORCES? 166 SOCIAL SEC	01		8063 LONG BRANCH TE
P P P		NO NO	NE 1215-40	- 1585 VIRGINIA E. WIL	-BURT (DAUGH	
fica ysic pers oval		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line for (a), (b), a	nd ici.i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certing phasing by the attending phase remove carbon parts burial, cremation, or remy injury, or other traumatic.		IMMEDIATE (ac ament		
		4292	DUE TO, OR AS A CONSEQU	JENCEOF + 1 . 1 .)	6 1. k	
		Conditions, if any, which	(16) Ottorox	releasure (andwo-la	escular de	real lears
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	0	
		underlying cause last	(c)		7-21	
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1101
s been strict. The prior ws an	₹ ¥	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
The stand	F				YES T NO TO	IN CERTIFYING CAUSES OF DEATH?
A Vg it S	CERTIFICAT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ZIc HOW INJURY OCCURR		
HYSICI/ physicial is certifial-trans ental Horr Item		OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR		
H de les	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		
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e hosp e hosp DIRI Ched Dept.		226. SIGNATURE	1/2/200	DEGREE ATTENDING	MEDICAL _ STAF	22c. DATE SIGNED
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TO HOSPITAL Or retained by the ho TO FUNERAL DI should be detached with the State Degramment in IMPORTANT: If		224 PHYSICIAN'S NAME (TYPLORPE	ATHANSON	MI) 1438/GFEN	5C- HWY	GAMBRILLS, MI).
Short Test	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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(VRA 15, 4) 1/79

STATE OF MARYLAND

Mark Sucker was last of the same and the same

.6	1	FOR STATE REGISTRAR	STATE OF MA DEPARTMENT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 8 1	2 5	8 0 FDT
		CEASED NAME FIRST	MIDDLE LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
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M	3. SE	Female	Caucasian Feb. 5	°1913′°	6 AGE (IN YEARS LAST BIRTHDAY) 68 YRS.	MONTHS DAYS	HOURS MIN.
deoth. Parent den 72	M	RTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY? 8. MARRIED IN WIDOWED X	DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUNDEL CO		MD.
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÷ 5000		George	L. Tarlton	Bessie	M.	Vinc	ent
be execusion and constant and c		VAS DECEASED EVER IN U.S. ARA (ES. NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFO 215-12-1841 Mrs	ormant s. Mae Po	osey, sister, s	same as	13
uires that the deoth certifica igned by the attending phys en please remove corbon pap burial, crematian, ar remove try, or other troumatic event,	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO OR AS A CONSEQUENCE OF	RDIAL.	INFARCTION ISTAGE NAL DISEASE OR CONDITION G		MAPE MIERVAL MSET AND DEATH
The law requicion. It has been so the host been so the host been so the right bear and t	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS F	ERFORMED	IN CERT	ES, WERE FINDING IFYING CAUSES (GS USED OF DEATH?
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ospital or att nospital or att RECTOR: After de for use as it pt. af Health or pt. af Health or		WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit sow the deceosed alive on obove, (1) (wa) (did) (did oot 27). SIGNATURE	10/10/ 1087	(my) (eur) opinion d	eath occurred on the date and ho		
TO HOSPITAL OR retained by the h TO FUNERAL DIR should be detach with the Store Det MAPORTANT: If its	120	224 PHYSICIAN'S NAME (TYPE OR K. DHARMASENA	PRINT) 22e AD	DRESS # 8 S]	MEDICAL STAFF DIRECTOR PHYSICIAN TEENTH AVENUE		ct.81
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4	MEDICAL	CONTRIBUTING	CAUSE OF D	P.M.	19	216 10001	71051	700000		11111		
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		22a. I certify	that I took charge	e af the remains desc	ribed obove, held on	Autopsy	, Inspectio	on , Ind	uiry 🗖 or	nd in my opin	ion	
		death resulted				ricide	Homicide .	Undetermine				
			19/	,			TITLE (SPECIFY).	J 301011111111				
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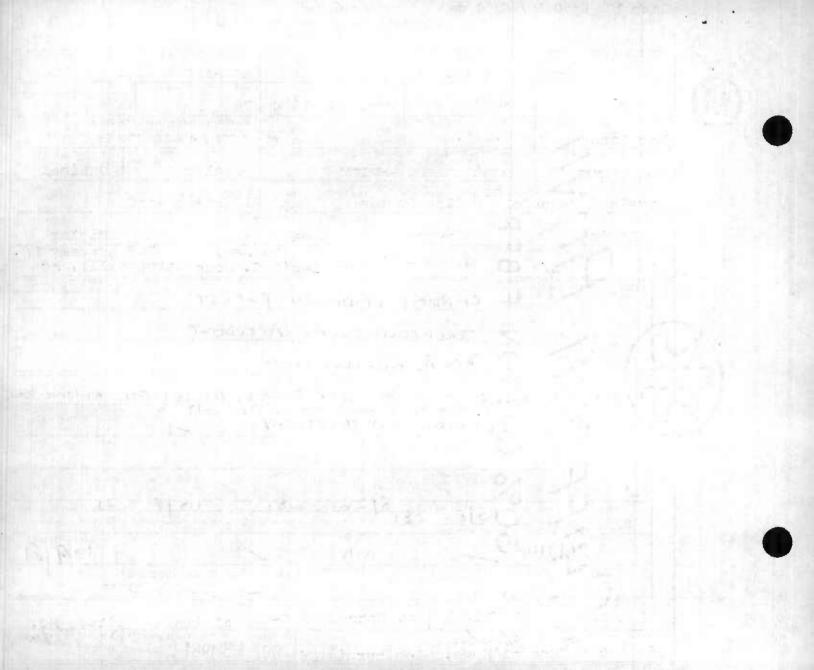
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(VRA 15, 4)

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signed by the attending physician and campletely filled in by the funeral hen please remave carban papers. Pages I and 2 should be filed within 12 in

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detoched for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

etained by the hospital or attending physicion

4	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 1	2	5	8 5 E.D.T.
1		CEASED NAME	FIRST		MIDDLE	į	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
1			OTTO			SCHIN	VDLER	OCTOBER 5	, 1981		12:28 AM
	1. SE	Male		4 RACE White	e	5. DATE O	DAY_ YEAR_	6. AGE (IN YEARS LAST BI	YRS IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1	B	RTHPLACE (STATE OR I	d.	U.S.	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	R COUNTY O		MD.
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1	130. S	AL RESIDENCE (IF NURS TATE ryland THER'S NAME	13b. COUN	Arunde	GIVE RESIDENCE BEFORE 131. CITY OR TOWN LEGEN BU	N	13d. INSIDE CITY LIMITS? YES NO KC		polis Re	oad 21	1061
	(manuel		MIDDLE	Schindle	r	Anna Anna	MIDDLE		ulman	ST
	6a W	AS DECEASED EVER		MED FORCES? E WAR OR DATES)	216-03-0	875	Kenneth R.	Schindler		nkway	21222
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1	CERTIFICATION	190. DATE OF OPERAT	NOI	19b. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	NGS USED OF DEATH?
ı	CAL	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	MEDI	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗇	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) saw the decease above, (I) (we) (a 22b. SIGNATURE					d that in (my) (our) opinion	/			
		22d PHYSICIAN'S NA					ATTENDING PHYSICIAN DE 122e ADDRESS 1406 CRA	DIRECTOR PHYSIC	SOUTH	10-	5-81
L	(URIAL, CREMATION, SPECIFY Burial INERAL DIRECTOR		23b. DATE	-		EMETERY OR CREMATORY Adeemer Cemeter 1250. DAT	236 LOCATION CITY OR TOWN PAR BALTO. ERPCID BY REGISTRA	ity .	OUNTY AG	state reland
	<u>C</u> .	S.Zeiler	Son	Inc. 90	01 S. Con	kling	Street OC	7 1981 2	punces	Jan	KALINER

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	1	FOR STATE REGISTRAR	BJ DEPARTMENT OF	HEALTH AND MENTAL HYGII FICATE OF DEATH	ENE 8	25	0 0
6	1. D (1)	CEASED NAME FIRST AND CONTROL	AMIDDIE PA S		REG. NO. 20. DATE OF DEATH AGE (IN YEARS LAST BIR)	MONTH DAY YEAR	26 HOUR 1250 1F UNDER 24 M
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iath certificate fending physici e corbonpapei on, or removal.			Carlo larel.	Hevemboses		7	MATE INTERVAL ONSET AND DEATH
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2 2 3 3	TION	PART 2 OTHER SIGNIFICANT CONDITION					
The law ration. cian. e has been strong prene priority hows any	CERTIFICATION		INDITION FOR WHICH OPERATI		200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [
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ING PHYSICIAN: The law require other discontinuous physician. After this certificate has been signs of the burial-transit permit. There is the burial-transit permit. The lith and Mental Hygiene prior to be corked or Item 18 shows any injury to the content of them.	MEDICAL		ACE OF INJURY E STREET, FACTORY, OFFICE, FARM, ETC	211 LOCATION	CITY OR TO	wn county	STATE
R ATTENDII haspital or RECTOR: A red for use rept. of Healt		22a certify that (1) (this haspital) attended sow the deceased alive on above (1)(we) (slid) (did not) view the b	// 11/ 6 47/	and that in (my) (our) opinion de	oth occurred on the do		that (I) (we) lo couses stated
the horner of th		27) SIGNATURE WILL MADE	(46)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN DATE	SIGNED
TO HOSPITAL TO FUNERAL should be det with the Stote	1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)		Annapolis	MA		
BP	230.	SPEC SUFIZ 10-9	2-1981 231 NAME OF	CEMETERY OF CREMATORY	23d. LOCATION	COUNTY	MI
DHMH - 16 50M 1/81 (VRA 15, 4)	0	of his the Luch to	m Brane	Sa Med. "OCT	13 1981 2	SA. REGIST AC'S SIGNAL	LIRE CATALON

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and a		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 1 2	5 8 / EDT
		CEASED NAME FIRST FOR PRINT) INEZ	ANN	SEUSS	OCTOBER 23, 1	981 25 HOUR 133P M
	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		NDER I YEAR IF UNDER 24 HRS
1	Jo B	Female IRTHPLACE (STATE OR FOREIGN	White 75. CITIZEN OF WHAT COUNTRY?	Apr. 17 17	64 YRS.	
185	1	country) est Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL	MD.
54	G	LEN BURNIE	NORTH ARUNDEL	IG HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY. Own Home
35	130	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN A.	TY 13c. CITY OR TOW	In 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 720 Hamlen Ro	d.
10 7A		ATHER'S NAME FIRST Edgar	MIDDLE CAST	Hattie		Wickline
8 1	-	WAS DECEASED EVER IN U.S. AR			ADDRESS	WICKIIIIe
medi	(YES, NO OR UNKNOWN) (IE YES, GIVI	577-10-3	3473 Patricia S	Sweeny same as	13e
or other traumatic event		PART I. DEATH WAS CAUSE	DUE TO, OR AS A GONSEQUE	who Februla	action Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, Kunlu	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
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or Item 18 st	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I	OR PART 2)
is morked or	MEDICAL	21d, IN JURY OCCURRED WHILE OF WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OEFICE, F.	ARM, ETC) 21f. LOCATION STREET	CITY OR IOWN	COUNTY STATE
21		220.1 certify that (1) (this hospit sow the deceased alive on abave, (1) (we) (did) (did not	al) ottended the deceased from	, and that in (my) (our) opinion o	, to, 19_ death accurred an the date and haur an	
LT. If Item		22b. SIGNATURE	Austin		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MPORTA		JOSE M. PRESB		22e ADDRESS 325 HOSPITA	L DR. GLEN BURNIE,	MD. 21061

BP DHMH-16 50M 1/81 (VRA 15, 4)

James S.

230 BURIAL, CREMATION, REMOVAL Burial 236 DATE Oct.

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln

23d. LOCATION CITY OR TOWN Cem

Brentwood P

S. Kirkley Glen Burnie Md. 28 1981 Cares

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1	/	FOR STATE		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE 8	251	8 8
9	1. DE	REGISTRAR CEASED NAME FIRST	M	NDD1.E	CERTIF	ICATE OF DEATH	REG. NO.	DAY YEAR	21 110110
1		OR PRINT)		4	5	HARER	Oct.	13 81	23:20 PM
N	3 SEX	× Mal-	4 RACE	4	5 DATE C	DE BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	70 BI	RTHPLACE I STATE OF FOREIGN	7h CITIZEN OF V	VHAT COUNTRY?	TOR	1 27, 1900	9. BALTIMORE CITY OR COU	IS.	
500		erre Haute Ind.	USA		MARRIE	DI DIVORCED I	Anne Arun		MD.
o o			(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKIN	12b. KIND O	F BUSINESS OR
25		nnapolis AL RESIDENCE (IF NURSING HOME OR	Anne Ar	undel Ge	nerat	Hosp.	mechanic		notive
35	13a. S	TATE 136 COUN		Harwood		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4776A Carmod	u Ct.	
2		THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM		t AS	T
14		oseph		Sharer		Dora	Ellen	Ba	iggs
/			WAR OR DATES)	578-01-		17. INFORMANT	ADDRESS	-1 120	
		18 CAUSE OF DEATH (Enter onl	v one couse per l			margares n	. Sharer same		MATE INTERVAL DISET AND DEATH
		PART I. DEATH WAS CAUSED	S BY: E CAUSE (o)	Meto	1 1	ic Transition	ral Cell		onths
		1889	DUE TO, OR	AS A CONSEQUE	NCE OF (Parcinoma e	& Bladder		
		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)				0		
		underlying couse lost.	DUE TO, OR	AS A CONSEQUE	NCE OF				
	N	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 110)-
a	CERTIFICATION	190 DATE OF OPERATION	19b CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDIN	
4	ERTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF	INTUDY		21. HOW INCLUDE OCCUPA	YES NO	YES	NO 🗌
4	_	OR CONTRIBUTING CAUSE OF DEA		MONTH DA	Y YEAR	ZIC HOW HOJORI OCCORR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
5	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	(AT HOME STRE	ET, FACTORY, OFFICE, FA	1	1, 01	10/12	21	STATE
		220.1 certify that (1) his hospit			10	19 01		19 07	h (we) lost
1		sow the diceosed of the on- obove, (1) (ive) (did (did not 22b. SIGNATURE	view the body o	fter death.		DEGREE	eath occurred on the date and	22c DATE	
		Ense	s W.	Coles		AAA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/	14/81
		22d. PHYSICIAN'S NAME ITYPE OF		16 777		22e ADDRESS	. ^	1 11 1 10	2115 11
	23n P	LNJEK V	V, CC	LE III	1115.05.0	121 CHIHE	EDRAL ST.	40041	DUI S INC

DHMH - 16 50M 1/81 (VRA 15, 4) Burial 10/16/81 Cedar Hill
Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

250 DATE REC'D. BY REGISTRAR 736 REGISTRAR'S SIGNATURE

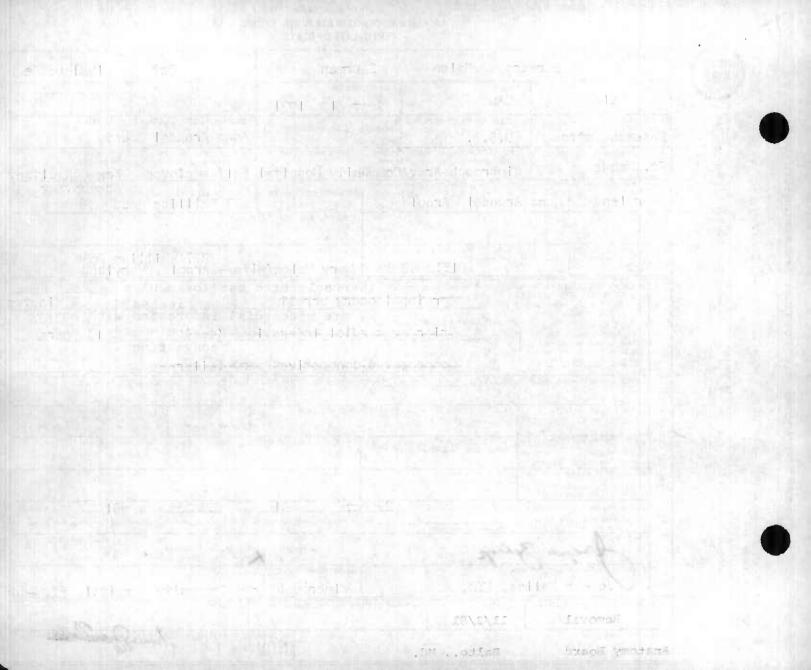
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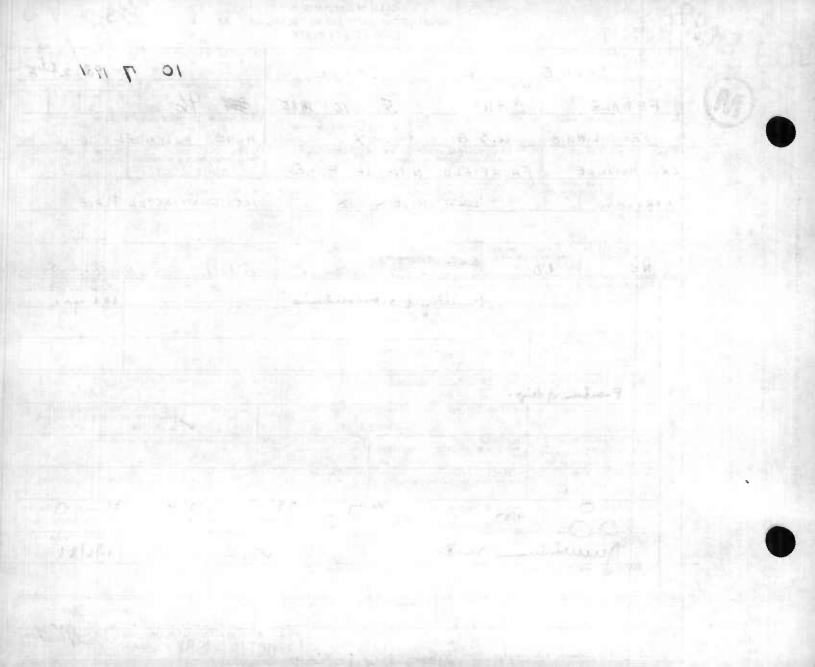
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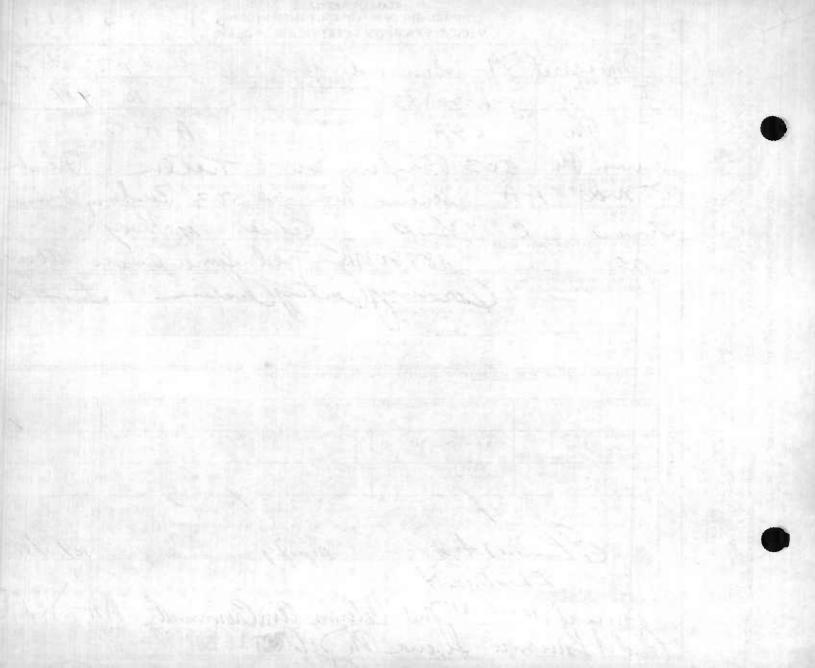
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	I,t	FOR	DEI		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	2	3 1 0 7
		STATE REGISTRAR	6.5 L. D. E. L.		ICATE OF DEATH	REG. NO	о.	
		OR 80% 73	Bernard Ralph		nerman		oct 30	1981 0300a
96 4 moy	3 SE	x Male	4. RACE CAU	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY) IF U	UNDER 1 YEAR IF UNDER 24 HRS
deoth. Poge uneral direct of once.		IRTHPLACE (STATE OR FOREK COUNTRY) SSACHUSETTS	J. CITIZEN OF WHAT COULD	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF	
by the furiled with		• Meade	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Kimbrough Ar	E STREET ADDRESS)	or other institution	12a USUAL OCCUPATION OF WORK FOR MOST OF SELF-emplo	F WORKING LIFE)	12b KIND OF BUSINESS OF INDUSTRY Tax Consultan
filled in auld be f	13a S	STATE 13b	OME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 13c. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 977 Philli	P	Accountant
mpletely ond 2 sh	14 FA	ATHER'S NAME FIRST	MIDDLE {A	ST	15. MOTHER'S MAIDEN NA.			LAST
n and co Pages 1	16a V	VAS DECEASED EVER IN U YES NOOR UNKNOWN) (IF	YES, GIVE WAR OR DATEST	SECURITY NO.	Mary Helen/W	977 P	hillips d. Mary	Road land
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uires that the death certification by the ottending phy on please remove carbon por buriol, cremotion, ar remove or other traumotic eventury, or other traumotic eventury.	7	Conditions, if any, wh gove rise to immedia couse (a), stating underlying couse lo	DUE TO, OR AS A CON tote DUE TO, OR AS A CON DIE TO DUE TO, OR AS A CON DUE TO, OR AS A CON	SEQUENCE OF MYOCAL SEQUENCE OF Densated	Acute myocare edial-infaret -congestive-he	dial infard lons (two)pu conges part faiture	tion walmonar	y 13 years
no low requires the notation of the permit. Then plea permit. Then plea one prior to buriol ows any injury, or	TIFICATION	Conditions, if any, wh gove rise to immedia couse (a), stating underlying couse lo	DUE TO, OR AS A CON sich othe the bass. (c) CONTRIBUTION ANT CONDITIONS CONTRIBUTION	SEQUENCE OF SEQUENCE OF DONSO TO DEATH BUT	Acute myocare dial-infaret congestive-he not related to the term	dial infard lons (two)pu conges part faiture	tion walmonar stion - DITION GIVEN 1206. IF YES, W	ith severe y 13 years IN PART 1(a) FERE FINDINGS USED IG CAUSES OF DEATH?
no low requires the notation of the permit. Then plea permit. Then plea one prior to buriol ows any injury, or	CAL CERTIFICATION	Conditions, if any, wh gave rise to immedia cause (a), stating underlying cause le	DUE TO, OR AS A CON ich the DUE TO, OR AS A CON SSS. (c) ANT CONDITIONS CONTRIBUTION 196 CONDITION FOR V OF DEATH HOUR A.M. MONTI	SEQUENCE OF SEQUENCE OF DONSATED G TO DEATH BUT WHICH OPERATIO	Acute myocare dial-infaret congestive-he not related to the term	dial infard conges conges art faiture INAL DISEASE OR CONG 200 AUTOPSY? YES [X] NO	tion walmonar stion - DITION GIVEN 106. IF YES, WIN CERTIFYIN YES	ith severe y 3 years IN PART 1(a) VERE FINDINGS USED G CAUSES OF DEATH? NO
G PHYSICIAN: The low requires the other of the contribution of the buriel-transit permit. Then pled and Mental Hygiene prior to buriel ked or them 18 shows any injury, or the other 18 shows and o	MEDICAL CERTIFICATION	Conditions, if any, wh gove rise to immedia couse (a), softing underlying couse let PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE	DUE TO, OR AS A CON Control DUE TO, OR AS A CON DUE TO, OR AS A CON CONTRIBUTION DUE TO, OR AS A CON DUE TO,	SEQUENCE OF SEQUENCE OF DEATH BUT	Acute myocard color infaret congestive he not related to the term n was performed	dial infard conges conges art faiture INAL DISEASE OR CONG 200 AUTOPSY? YES [X] NO	tion walmonar tion ction ction ction ction ction certifyin yes [yyinitem 18 part	ith severe y 3 years IN PART 1(a) VERE FINDINGS USED G CAUSES OF DEATH? NO
or attending physician. After this certificate has been signed is a steel burial-transit permit. Then plee belth and Mental Hygiene prior to burial marked ar Item 18 shows any injury, or		Conditions, if any, wh gove rise to immedia couse (a), storing underlying cause le PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK AT WORK 120.1 certify that (1) (this	DUE TO, OR AS A CON the DUE TO, OR AS A CON SSS. ANT CONDITIONS CONTRIBUTION OF DEATH AMINER) 216. PLACE OF INJURY (AT HOME, SIREET, FACTORY, CONSISTED) Official Place of Injury (AT HOME, SIREET, FACTORY, CONSISTED)	SEQUENCE OF DEPLOY AND THE SEQUENCE OF DEATH BUT WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	Acute myocard cdial-infaret congestive-he NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURI	conges conges conges art failure INAL DISEASE OR CONE 200 AUTOPSY? YES X NO CITY OR TOW	tion walmonar stion ction ction ction ction ction ction certifyin yes [continued in part continued in	ith severe y 13 years IN PART 1(a) (ERE FINDINGS USED G CAUSES OF DEATH? NO 1 OR PART 2) COUNTY STATE
L OR ATTENDING PHYSICIAN: The low requires the hospital or attending physician. L DIRECTOR: After this certificate has been signed tacked for use as the burial-transit permit. Then plee bept, of Health and Mental Hygiene prior to burial if hem 21 is marked or them 18 shows any injury, or		Conditions, if any, wh gove rise to immedia couse (a), storing underlying cause le PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED WHILE AT WORK AT WORK 120.1 certify that (1) (this	DUE TO, OR AS A CON (b) PP- DUE TO, OR AS A CON (c) CONTRIBUTION ANT CONDITIONS CONTRIBUTION 196 CONDITION FOR V 196 CONDITION FOR V 197 CONDITION FOR V 198 CONDITION FOR V 199 CONDITION FO	SEQUENCE OF DETINATION SEQUENCE OF DETINATION G TO DEATH BUT VHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) from 29 (Acute myocard cdial-infaret congestive-he NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR! 216. LOCATION STREET 216 d that in (my) (our) opinion DEGREE ATTENDING	conges conges conges art failure INAL DISEASE OR CONE 200 AUTOPSY? YES X NO CITY OR TOW	20b. IF YES, WIN CERTIFYIN YES [VY IN ITEM 18 PART	ith severe y 13 years IN PART 1(a) (ERE FINDINGS USED G CAUSES OF DEATH? NO 1 OR PART 2) COUNTY STATE
or attending physician. After this certificate has been signed is a steel burial-transit permit. Then plee belth and Mental Hygiene prior to burial marked ar Item 18 shows any injury, or		Conditions, if any, wh gove rise to immedia couse (a), softing underlying couse let the couse (a) couse (b) part 2 OTHER SIGNIFIC COUSE (B) DATE OF OPERATION CONTRIBUTING CAUSE (B) COURT	DUE TO, OR AS A CON Control DUE TO, OR AS A CON DUE TO, OR AS A CON CONTRIBUTION DUE TO, OR AS A CON DUE TO, OR AS A CON CONTRIBUTION DUE TO, OR AS A CON CONTRIBUTION DUE TO, OR AS A CON DUE TO,	SEQUENCE OF DETINATION SEQUENCE OF DETINATION G TO DEATH BUT VHICH OPERATION H DAY YEAR 19 DEFICE, FARM, ETC.) from 29 (Acute myocard congestive he congestive he NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURI 216. LOCATION STREET 19.81 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 2226 ADDRESS	CONGRETATION OF THE PHYSIC	206 IF YES, WIN CERTIFYIN YES [IV IN ITEM 18 PART	ith severe y 13 years IN PART 1(a) FERE FINDINGS USED IG CAUSES OF DEATH? NO 1 COUNTY STATE 1 or PART 2) that (i) (we) loss and from the couses stated



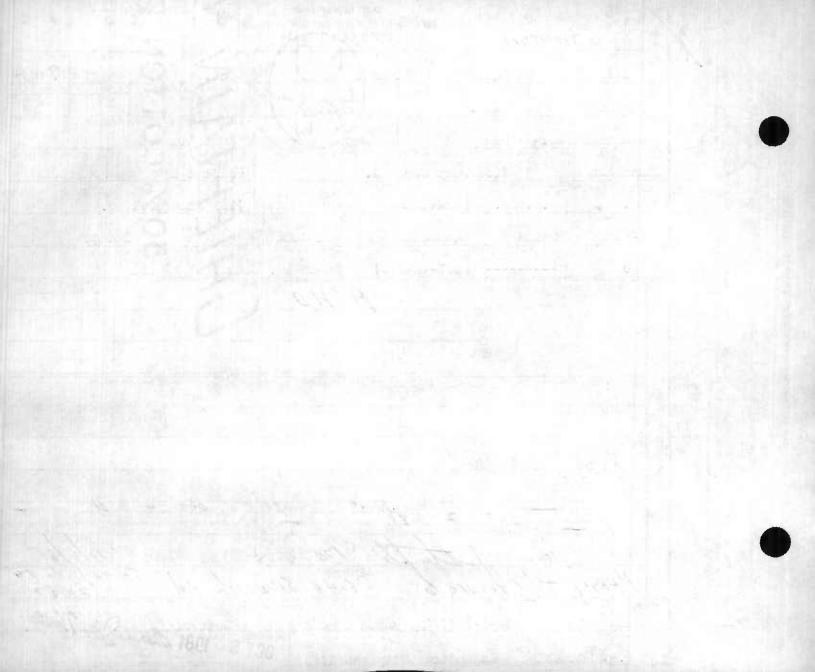


0		STATE OF MARYLAND
*		TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 5
0.5		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 20. HOUR
X 2 2 2 2 5		Margaret M. Symendinger DEATH MATED 1073 1981 #M
THE CLEAN	1:5E)	1. RAC S. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24. HOUR
7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21	W MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED DEAD 10 14181 . M
33736		RTHPLACE (STATE OS. 17b. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
出席の音楽「わ	FO	WA: DEA JURGUES TO SMORES TO
(4x,10) -	10.0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS
1 1 1 1 1 1 NO	IX	(IF NOT IN SUCH FACILITY, GIVEST) EET ADDRESS) FOR MOST OF WORKING LIFE OR NOSTRY
10000	USUA	L RESIDENCE (IF IN HURSING HOME OR OTHER INSTITUTION, GIVE HE CANAL AND
5 39±582 L	13a. S	TATE 13b. COUNTY 1 11 11 11 11 11 11 11 11 11 11 11 11
2 2 2 2 2	14.5	May AD Seuna Myes No S O 3 Daypen Sun
日 モーミックライウル	19. 17	THER'S NAME MODIE LAST IS MOTHER'S MAIDEN NAME HADDEN NAME
A SEE H	~	VAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
N S S S S S S S S S S S S S S S S S S S		S NO OR HENDERS I WAY OR DATE!
A SAGE		185703112 Ted Symenhyen - above
# 80 3 a a		18. CAUSE OF DEATH (Enter only one cause per life for (e.g. tb.), and (c).) PART I DEATH WAS CAUSED BY:
N SI	1	1111 C IMMEDIATE CAUSE (C Marchay) bulley lice
O CENTRAL ST		DUE TO, OR AS A CONSEQUENCE OF
A S S S S S S S S S S S S S S S S S S S		Canditions, if any, which gave rise to immediate
W. W. BENCOM		cause (a) stating the under-
SA PAN PAN PAN PAN PAN PAN PAN PAN PAN PA		lying cause last.
SA MESSA		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
VITAL RECORDS SHOULD BE EXE ORD FENDING CHEF MEDICA BE USED AS A B TO FEMALY CHEMATHON	No.	
A SET SEE	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
A Serent	E	YES NO Z
	1	21s. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF CERTIFICATI ITING THE W DED TO THE E A SHOULD E DEPARTMENT PRICE TO BU	10.750	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
SHO OF SHO	MEDICAL	214 INTURY OCCURRED 216 PLACE OF INTURY JATHOME 216 LOCATION
PER SERVICE OF	星	WHILE NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE
WAN WAN PAG TAT		AT WORK AT WORK
NA TE	1	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
AN HELD		death resulted fram: Natural causes . Accident ., Suicide, Hamicide, Undetermined manner,
EXAM CHRT MITT ARYL		ACTUAL TITLE (SPECIFY)
		SIGNATURE Chul Aus - M.D. Depring MEDICAL EXAMINER SIGNED 10/13/81
MEDICAL CUTE THE FLASTIC SEATH	1	EXAMINER'S NAME FILLING AND M
- 100 May - 100		TYPE OR MEINT LINIAR ROY . ADDRESS .
522542	73a 8	HIAL MAN DE COMPTENT OF CEMETERY OF CREMATORY 231 SCATION CONTY TATE
BP		Dunal 10-10 of Med. Vellerans Clin (rownsvelle 1818 mid
DHMH · 17	74. F	ATDRESS 25 DATE REC'D BY REGISTRAR 256 TO STRANG IGNALOGE TO STRANG TO STRANGE TO STRANG
(VR A15 ME (5)) 15M 7/76	8	Mid of Danames flower the his 10 1981 Trans
	100	7148



Annanolis, Maruland 21401

T.A. Hardestu



He	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2 5	FDT
75		CEASED NAME FIRST EUGENE	FRANKLIN	SMITH	OCTOBER 12, 1981	2b HOUR 6:00P
M	3 SE	x ma l e	white	5. DATE OF BIRTH 3, 1915	6. AGE (IN YEARS LAST BIRTHDAY) 66 YRS.	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
93		IRTHPLACE (STATE OR FOREIGN VA	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	DIVORCED XX	
Po H		CLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL I			kind of Business OR DUSTRY painter
2 should be in	13a S	AL RESIDENCE (IF NURSING HOME O STATED	ROTHER INSTITUTION GIVE RESIDENCE BEFORE RTY CTEAR TBY	Trnie 13d. Inside city Limits? YES NOXXX	13. STOTAD Stage Road	đ
ond 2 sh	14 F.A	THER'S NAME FELIX	MIDDLE Smith	15. MOTHER'S MAIDEN NA	(UNK nów n)	LAST
Poges 1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU 230/30/	0552 Mrs. Georg	gia M. Crigger (as 13 friend)
ish been signed by the otten ish permit. Then please remove a giene prior to buriol, aremotion, shows any injury, or other troum	CERTIFICATION	19a. Daté of Operation	CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	AIN AL DISEASE OF CONDITION A IVEN IN 206 AUTOPSY JAB # YES, WEF IN CERTIFYING YES NO YES	RE FINDINGS THE CAUSES OF DEATH
TOR: After this certificate for use as the burial-transif of Health and Mental Hygins 11 is marked or tem 18 sh	MEDICAL CE	saw the deceased alive ar	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION STREET	CITY OR TOWN Country o	OUNTY STATE . that (I) (we) last
TO FUNERAL DIRECTOR Should be detoched with the Stote Dept. IMPORTANT: If Hem 3		27d. PHYSICIAN'S NAME (Week.	or) view the body after death.	DEGREE ATTENDING PHYSICIAN Re. ADDRESS 95 AQUAHART	MEDICAL STAFF DIRECTOR PHYSICIAN RD. GLEN BURNIE, MI	27. DATE SIGNED 10/12/8/
P		BURIAL, CREMATION, REMOVAL	16 Oct 81	Ridge Lawn	23d LOCATION CITY OR TOWN SMY LAY	
16 30M 2/80 RA 15, 4)		uneral direction. .ngTeton Fund	eral Home, "Gle		CT 1 5 1981 REGISTRAR 25 GISTRAN	SIGNATURE

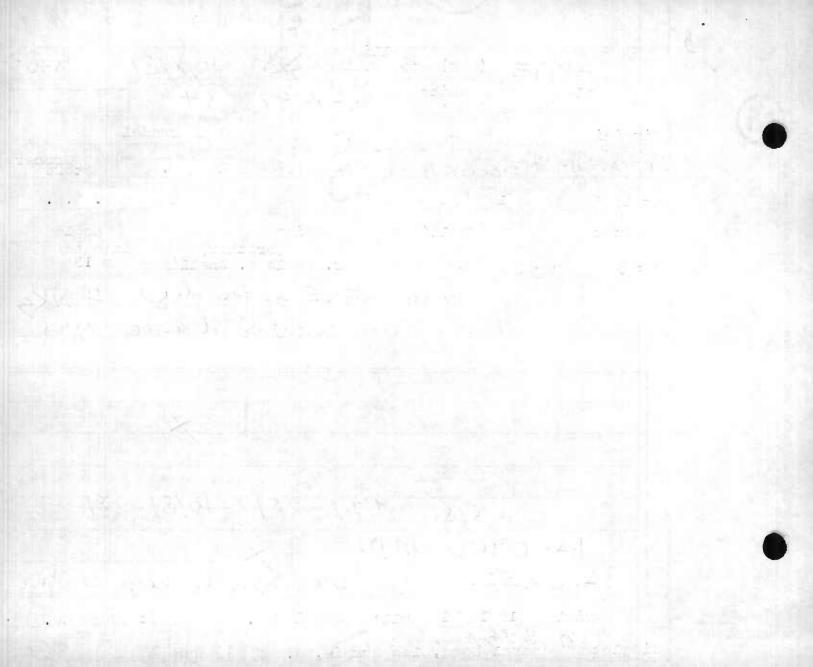
medical exominer must be madful at

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

x	1	FOR		DEPARTM		E OF MARYLAND EALTH AND MENTAL HYG	SIENE 8 I	6	5 1	9 4		
1.	Ι.	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.						EST			
1		ECEASED NAME FIRST	۸	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR						26 HOUR		
1		JOHN	CI	HARLES	SMITH, SR.		OCTOBER	25,	1981	8:40 P		
	3.58	X	4 RACE	S. DATE C			6 AGE (IN YEARS LAST BI	(THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
		Male	White	e May		4/ 4004	56	YRS	MONTHS DAYS	HOURS MIN.		
21	70 B	IRTHPLACE ISTATE OR FOREIGN		EN OF WHAT COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH					
20		aryland	U.S.A.		WIDOWED DIVORCED		ANNE ARUNDEL COUNTY			MD.		
54		LEN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD NORTH ARUND)				126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INSPECTOR — BETHLE hem					
36	Dagadowa Dagadowa					13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 46 Luke					
-00	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN N							
20		John	G.	Smith	113	Mary	MIDDLE .		Wehrh	eim		
1		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS				
1		Yes W.		219 18	7154	Gertrude S	Smith same	as	13 e			
	NO	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (D) C										
9	CAL CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER						20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
9		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
		220.1 certify that (1) (this haspital) attended the deceased from										
		saw the deceased alive an										
2		226. SIGNATURE DEGREE DEGREE DEGREE DEGREE 226. DATE SIGNED 226. DATE SIGNED										
		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7845 Oakwood Road, #107										
1	1.0	HAMID TOWHIDI	AN. M.D.			Glen Burnie, Maryland 21061						
		BURIAL, CREMATION, REMOVA		4 .		METERY OR CREMATORY	23d. LOCATION		. COLINEY	41446		
		Burial	10/29	/81 G1	en H	aven Mem Pk	Glen Bur	nie	A.A.	Md.		
	24 FI	NAME	ltimore	ADDRESS			E REC'D. BY REGISTRAR	25b. REG 15	STRAR'S SIGNATI	000		
	George J. Gonce 4001 Ritchie Hgwy OCT 30 1981 Parces Van Warthen											

BP_____ DHMH - 16 50M 1/B1 (VRA 15, 4)

rale W. Walter Wey 16, 1025 Feb. medalise - Todopoani - W.mrial 10/20/81 Dien Haven om 12 stenfarmie 1.A. Chille



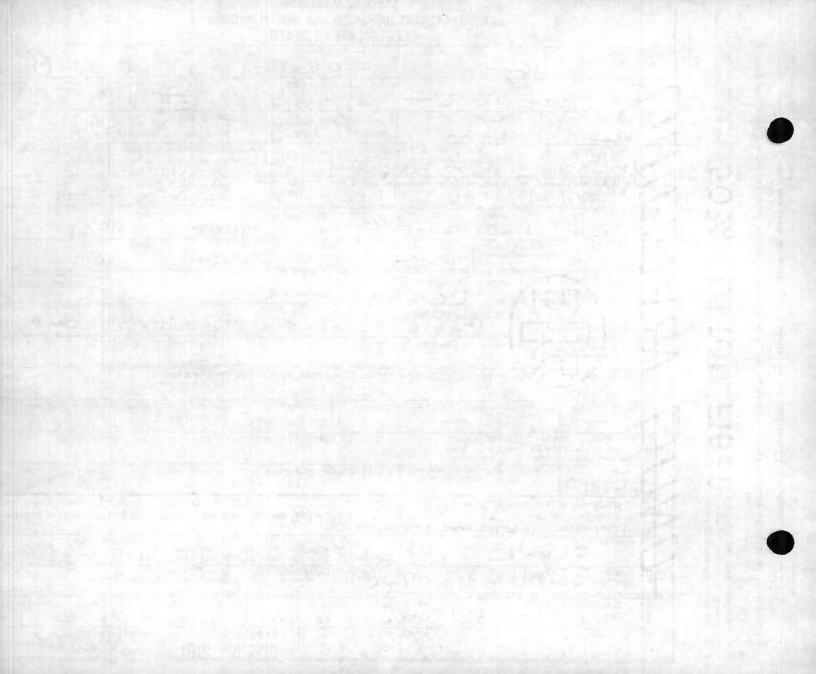
1	1	500	STATE OF MARYLAND						
2	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS () 7 0						
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
(mm)		CEASED NAME FIRST	MIDDLE T CLAST 20. DATE KNOWN OF ESTI-	ONTH DAY YEAR 26. HOUR					
SA ING J	1,	LAU	DEATH WATER	0 8 1981 A M					
SAREE	3. SE	4 RACE	DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE	INTH DAY YEAR 24 HOUR					
ON STATE	11	019 414579	2 in Man Co	2 8 108/ # M					
CESSARY VERAL DI TOR YOU PRESTOR	70.0	IRTHPLACE (STATEOR	IN CHITICAL COMMUNICATION OF CHANGE C						
ECESSAR FOR YOUNTHIN	55	LLLINO 18	MARRIED NEVER MARRIED						
# 5 m 3 m			4.5A - WIDOWED DIVORCED HONE	TRUNDEL MD.					
2000	2 108	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IPPOT SUCY FACILITY, GIVESTREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF W	OR INDUSTRY					
DELAY 3 TO TH IN PAG 209, 20	DYA	INAPOLIS	H.H. GEN. HOSP. VATA TROCESSO	1R					
	USU.	AL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE (ITY LIMITS). 138. STREET ADDRESS. 1	7					
. 21201 F ANY DELA AND 3 TO RECORDS	5	141) H.A	13. STY OR TOWN 13d. INSIDE CITY LIMITS 130. STREET ADDINGS YES NO 12 1042 SKY 118	ew I/R					
MD. 21201 H. IF ANY I. 2. AND M. 3. RETA M. 3. RETA	14. F.	ATHERIS NAME	IS MOTHER'S MAIDEN NAME	. 1					
	7	ALLAN A	STACEY MARY JANE	WINTER					
IMOI PAG PAG DINOI		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS						
BALTIMORE. S. AFTER DEA' GIVE PAGES I THE PORM P. PAGES I ANI IVISION OF		ES, NO. OLUNKNOWN) (IE YE CALEN	1961 34928 0656 SHARON STACEY	#12					
RS / RS / PA	H	18 CAUSE OF DEATH (Enter only		APPROMATE INTERVAL METHOD IN ONCE LAND DEATH					
W. PRESTON ST., B. W. PRESTON ST., B. WITHIN 24 HOURS ENCIL IN ITEM 1B. G. MINERA ALONG. WITHANSIT PERMIT. P. INTAL HYGIENE, DIN OR REMOVAL.		PART I DEATH WAS CAUSED	BY:	HETWIN CHOSELAND DEATH					
ON S ITEM ITEM PERW SIENE VAL.		4149 IMMEDIATE	(DUE TO, OR AS A CONSEQUENCE OF	Justen					
WOY HAY		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF						
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	-	gove rise to immediate	(b)						
201 W. PRE: UTED WITHIN IN PENCIL II EXAMINER RIAL - TRANS D MENTAL H		couse (a) stating the <u>under</u> - lying couse last.	DUE TO, OR AS A CONSEQUENCE OF						
S SEE S			(c)						
DIVISION OF VITAL RECORDS, 201 N S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PR RDED TO THE CHEF MEDICAL EXA RES SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND MEI		PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
RECORDS LD BE EXE PENDING MEDICA D AS A BU FEALTH AP CREMA1	CERTIFICATION								
ALRI DULD D''PE D''PE SEED, SEED,	3	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?					
F VITAL RE SHOULD WORD "PE CHIEF N BE CHEF N BE USED A SHOULD BURLALLOWN BURLAUN BURLALLOWN BURLALDOWN BURLALLOWN BURLALLOWN BURLALLOWN BURLAUN BURLAUN BURLAUN BURLAUN BURLAUN	华曹			YES NO					
NE N	7 H	2 la EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)					
PICAT THE DULL STANE		UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR EATH P.M. 19						
CERTIFICATE TING THE WEED TO THE DEPARTMENT PRIOR TO F	MEDICAL	214 INTURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f LOCATION						
DIVISION THIS CERTIF WARDED TO PAGE 3 SHO PAGE 3 SHO 21201 PRIOF	X	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE					
DIVISION OF VITAL RE INVER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD, "PE E FORWARDED TO THE CHEF A TOR: PAGE 3 SHOULD BE USED, I THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL, O		AT WORK — AT WORK							
EXAMINER: CERTIFICATE VIUD BE FOR I, WITH THE S		220. I certify that I took charge	al the remark described above, held on Autopsy 🔲, Inspection 🛄, Inquiry 🔲, and in r	my apinian					
WE WE WE WE		death resulted from	Accident , Suicide , Homicide , Undetermined monner ,						
EXAM CERTIFIC DID B DIREC WITH		72	TILLE (SPECIFY)						
CAL EXALTHE CER THE CER ALOUD SHOULD STATH, WILL WIRE, MARE, MARE		ACTUAL SIGNATURE	M.D. Seputa MEDICAL EXAMINER S	ATE 10-5-81					
DICAL EXAMINER: THI TE THE CERTIFICATE, W A SHOULD BE FORWA DEATH, WITH THE STA MORE, MARYLAND, 21;	7	EXAMINER'S NAME	1 - 1	- 0					
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERALL AFTER DEATH BALTIMORE,		(TYPE OR PRINT)	LINHARDT ADDRESS Jamopels	my					
574548	23 a. E	URIAL, CREMATION, REMOVAL 23	DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STALL					
BP		DURIAL 1	0-11-81 HILLCREST NEM. HUNAPOLIS	17.17-19.					
DHMH - 17	24	UNERAL DIRECTOR	ADDRESS ADDRESS ADDRESS AND ADDRESS AD	IRS IGNATURE					
(VR A15 ME (5))	No	YN MAYLOR	4 JONS HUNAPOLIS IVIU	9					
15M 2/80									

Transfer Alexander Alexand Carried Character Character Charles BIRIAL 10-0-11 HERREST THE HOLDER THE Joseph W. Lyland Save Manners 1100 Cot 13 198 Thomas Jan March

	1,	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 9 7						
1	1. DE	REGISTRAR CEASED NAME	FIRST ACC	MIDDLE	TIFICATE OF DEATH LAST TEPHAN	REG. N	O. MONTH DAY YEAR 5 - 8 1	26 HOUR /
Can	1.50	7.	1 RACE	. 5 DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYE	AR IF UNDER 24 HR
35	B	RTHPLACE (STATE OR FORE OUNTRY) ALT. MI) ITY OR TOWN OF DEATH	U	.S.A. WIDO	RRIED NEVER MARRIED DIVORCED	Anne	RCOUNTY OF DEATH Arundel	MD.
or notified	В	cooklyn Pa	rk Hammo		nvalescent	Ctr. House		D OF BUSINESS OR RY
should by the standard by the	Ma	aryland 13	A. A.	ion, give residence before admiss 131 CITY OR TOWN Glen Burni	e 13d. INSIDE CITY LIMITS? YES NO X	1597 Mar.	ley Avenu	e
1 0 20		Henry	WIDDLE	Legg	Lillie	Virgi		
Pages 1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (1	U.S. ARMED FORCE: FYES, GIVE WAR OR DATES		28 Charles	A. Beckhar	d+ 1900 S Finksbur	ileen Ct g, Md.
nen please remave carbonp a burial, cremanan, ar rema jury, ar ather traumatic ever	MEDICAL CERTIFICATION	Conditions, if ony, we gove rise to immediate to stating underlying cause	DUE TO which the the last (c)	OR AS A CONSEQUENCE OF THE CONTRIBUTING TO DEATH	lutte co	andiovala disecon	DITION GIVEN IN PART	110
ows ony in		19a DATE OF OPERATIO	19b CO	ndition for which opera	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
Mental Hygor Item 18 sh		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	ISE OF DEATH HOUR (XAMINER)	P.M. CE OF INJURY	AR 19 21f LOCATION	URRED (ENTER NATURE OF INJUI		
dealth and is marked		WHILE NOT WHILE AT WORK 22a.1 certify that (1) (th	nis haspital) attended		10 19_8	city or tov	(J-19.81	_, that (h (we) lost
te Dept of t		sow the deceosed above, (I) we did	olive on 10 mg/did not) view the bo	ody after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22c. DA	ATE SIGNED
with the Sto		22d. PHYSICIAN'S NAM		ULVASA	606 Han	nmenel, la	m, BALT	c, 21225
5 ≤		BURIAL, CREMATION, RE SPECIFY) ntombment			of CEMETERY OR CREMATOR		m, Balto	Md STATE
A 1/75	24 F	UNERAL DIRECTOR	Fink	Glen Burnie		ALEGE DEVEGISION	25t REGISTRAR & SIGA	an Parther

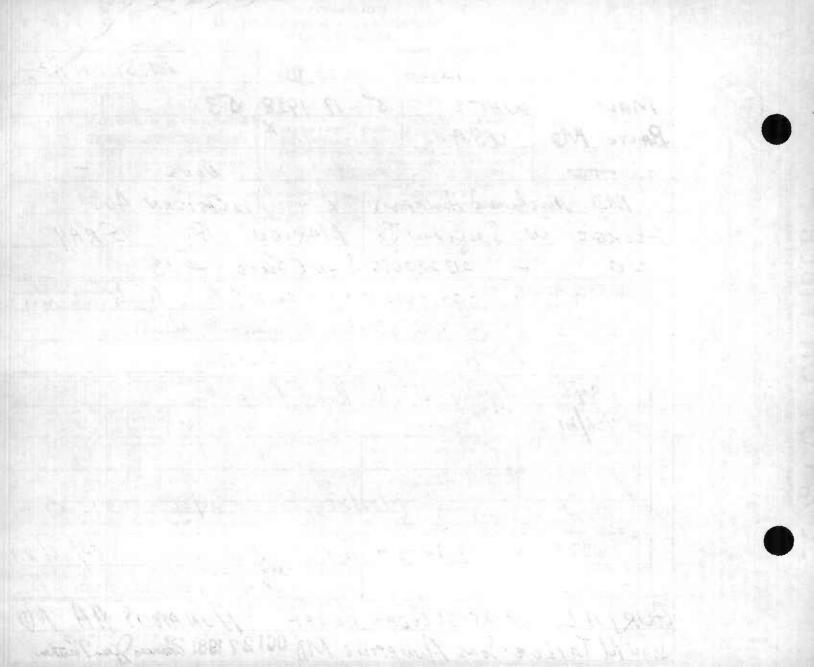
0 - 0 layer on free Mrammasorane Corum Associe, displayer sellen Attacher Constant on the antificate that Part I in automore The Toloring of the Charles of the Committee and the Committee and

		STATE OF MARYLAND	8 P3 P3
1 1		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 5	1 7 6
e :		CERTIFICATE OF DEATH	
te Dept.		CEASED-NAME POSITION Middle Sackett 20. DATE OF DEATH Month 20 Day	Syear SSA-W
director, i the Stat	3. 5		INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.
Signature of the second		SIRTHPLAGE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11ry) WIDOWED DIVORCED	G Md.
O O th.	10. (2b. KIND OF BUSINESS OR NDUSTRY
d 2 shauld a grant deat deat		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR FORTH 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY	20-1
Pages 1 and 5 hours	14.	ATHER'S NAME First Middle Worther'S MAIDEN NAME First Middle MC	-sperrin
With With		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes give war or dates of service) 579-30-8913 MACUIN SCOLLESS	ome.
carban papers. any event, with		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a		1749 IMMEDIATE CAUSE (o) DUE TO, OR AS, A CONSEQUENCE OF Conditions, if any, which gave) (A) Conditions of any, which gave)	341.
		rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF	0
0.5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
nit. Then itian, ar r	_	NONE	
Crematian,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
1-transi	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item or CONTRIBUTING CAUSE OF DEATH OUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19	18.)
priar ta	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town (Complete Mullipling, ETC.)	aunty State
Hygiene I		22a. I certify that (I) (this haspital) attended the deceased from	, that (I) (we) last and haur and fram the
₽ -5	-	22b. SIGNATURE DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR DIRECTO	
deto		22d. PHYSICIAN'S BROL-B-Bhill 22e. ADDRESS Della	-
shauld be of Health	230	BURIAL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C) REMOVAL REDSTITUTE TO SELECT OR CREMATORY CREW WITH A H	Caunty) (State)
5 3/72 25M 15 (4))	24.	FUNERAL DIRECTOR FH 12 Rich ely Ane ADDRESS DATE DATE CT 6 1981 Zancas	Can Warther
(-1)	_	21401	



- STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE

BP.

REGISTRAR

Own Home 701 Glenwood Street Benson 17 INFORMANT (Daughter) ADDRES 307 Edgemere Dr. Irma M. Falkenhan, Annapolis, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISTASE OR CONDITION GIVEN IN PART 1/0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN Buria1 Glen Burnie, 12'Oct.81 Glen Haven Mem.Pk ADDRESS Glen Burnie J250. DATE REC'D. BY REGISTRAR 256. REGISTRAR DHMH - 16 50M 1/81 (VRA 15, 4) Singleton Funeral Home Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO.

2b. HOUR

HOUR5

1981

IF UNDER I YEAR

1.	STATE REGISTRAR			DEPARTMENT OF					2 3	6. U	1
	ECEASED NAME	FIRST		WIDDLE		AST		REG. NO		DAY YEAR	Zb. HOU
(1	YPE OR PRINT)	Cheun	a	Wan	т	cona		TH MATED		5 1981	
3. SI	EX	RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	Sang		ATE	MONTH	DAY YEAR	2d HOU
	Male	Oriental	May 1,	YEAR LAST BIRTHD	AY) MONTH		MIN PRON	OUNCED	10	5 1,81	4:30 a A
7a.	BIRTHPLACE (STA	TE OR	76 CITIZEN OF WE	IAT COUNTRY?	8		9. BAI	TIMORE CITY O			Idv
	China		U. S	. A	WIDOW	ED NEVER MARRIE		ne Arund	el Co	ounty.	
10.0	CITY OR TOWN C	FDEATH	11. NAME OF HOS	PITAL, NURSING HOME			12a USUAL OC	CUPATION (TYP	E OF WORK	12b. KIND OF B	USINESS
	Glen Bu	rnie	North	Arundel Hos	spita		COC	WORKING LIFE)		Restau	
USU	JAL RESIDENCE (I	FIN NUTTINO LOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIN	ON)		13e STREET AD				
			Δ	Glen Burn		YES NOX		Dulane	v La	ne	
14.1	Aryland		WIDDLE	LAST		IS MOTHER'S MAIDE		MIDDLE			
	Fan	Mo		Tsang		Koon		Tai		Lee	
160.	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT		17. INFORMANT		ADDRESS		do la	
	No	(11 123, 3112 1	- Con Driller	098-28-0	175	Eskay Ts	ang	Same	as a	bove	
	18 CAUSE OF	DEATH (Enter only	one couse per line	for (o), (b), and (c).)						APPROXIMAT BETWEEN ONSI	E INTERVAL
	PARTIDEA	TH WAS CAUSED	CAUSE (o) Dr	owning	SOL					DET TREE TO THE	TA SERVI
	759	10	DUE TO, OR	AS A CONSEQUENCE	OF						
_		, if ony, which to immediate	(b)								
	couse (o) s lying cous	toting the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF						
			(c)								
		IIFICANT CONDITIONS <u>C</u>	DATRIBUTING TO DEATH 1	UT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PAR	T I (a).				
No.			ma of lun								
S	19a DATE OF	PERATION	196. CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY	?
E										YES 🔀	NO 🗌
MEDICAL CERTIFICATION	21a. EXTERNAL		21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEAR	21c. HC	W INJURY OCCURRED	ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PA	RT 2)	
1 2	CONTRIBUTIN	OR G CAUSE OF DI	EATH ? BOX	10 5 19 8	l Su	bject drow	ned in	swimmino	1 poo		
AED	21d. INJURY OF	CURRED	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		ATION	CITY	RIOWN	COL	UNTY	STATE
1		AT WOL	swim	ming/pool	158	9 Dulaney	Lane, G	len Burr			
	22s. I certify	that fook charge	of the remains desc	ribed above, held an	Autops	y X, Inspection	, Inq	uiry , or	nd in my op	inion	
	death resulted	trop propro	t couses 🗆 🦳	Accident D. Su	icid X	Homicide .	Undetermine		, . (
		(11)	- (/	1 4 7	1	TITLE (SPECIFY)					
	ACTUAL SIGNATURE	1/4	chiese	1 / wine	Dan	Deputy Ch	extedical F	XAMINER	DATE	D 10/5/	/81
	EVALABLES'S		P								
-	EXAMINER'S N (TYPE OR PRIN	Th	omas D. S	mith, M.D.		ADDRESS III	Penn St		0., 1	4D.	
23e	(SPECIFY)	ON, REMOVAL 23		23c. NAME OF CEA			23d. LOCATIO	N Danes i c	CADUN.	ATTNS	LATE
	Bur		10/10/83	L Glen Ha	aven	Cemetery		Burnie		and the last contract of	Tanc
	FUNERAL DIRECT		ADDRESS	D	N/ -3	25a. DATE R	EC'D. BY REGIS	TRAR 25b. REG		IGNATULE	t _a
	Raymond	C. Fin	k GIE	n Burnie,	Ma.	OC.	17 19	11 the	wQ.	Maria Calabata	
	.aymoma	·	0.20			100	19	Min	1	Particular Property and Partic	_

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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P		REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO		
		CEASED NAME	FIRST	- '	MIDDLE	11	AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
1			LUC	4		V	CUTS	iAS		10-	13.81	Z80 M
1	3 SE	FEMALE	4.	RACE	Ciril	5 DATE C	DAY	YEAR	6. AGE (IN YEARS LAST I			IF UNDE 24 HRS
				CANC	,	SEP	11	1917	64	YRS.		
-4	1	IRTHPLACE (STATE OR)			WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9. BALTIMORE CITY			
1	10 C	illinocket		USA	A HOSPITAL, NURSIN	WIDOWE	hered .	IVORCED [HUNE 14		com	
53	A	INNAPOLI	5 9		ARWDEL	ADDRESS) FA		HOSPITAL	12a USUAL OCCUPA (TYPE OF WORK FOR MOS) housewif	OF WORKING LIFE	HOUSTRY HOUSTRY	hold
35	13a. S	AL RESIDENCE CIFNURS STATE APPLICATION TO THE PROPERTY OF TH	136 COUNTY	MERINSTITUTION	13t. CITY OR TOW		13d INSIDE	NO X	13e. STREET ADDRESS 493 Rit	a Dr.		93
0)	14. F/	ATHER'S NAME	WIL	DLE	TAST	135	15. MOTHER	S MAIDEN NAM	ΛE			
20	A	ndrew		, ott	Galla	nt		Gertrude	2 MIDDLE		Vie	enneau
1		WAS DECEASED EVER		D FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADD	RESS	5	
		no			214-50-9	257	Tho	mas Veni	tsias same	as 13	e.	
	NOI	Conditions, if any, gove rise ta imm cause (a), statin underlying cause	nediote g the last	(b) DUE TO, OR (c)	R AS A CONSEQUE	nce of	NOT RELATE) TO THE TERMI	NAL DISEASE OR CO	ndition give	N IN PART 11g	
2	CERTIFICATION	None.	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH? NO
9		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW IN		ED (ENTER NATURE OF IN	IURY IN ITEM 18 PA	RT T OR PART 2)	
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE C			211 LOCATI		CITY OR	IOWN	COUNTY	STATE
		22a.1 certify that (1)	(this hospital	attended the		SEPT	123	. 19 61	to OCT. 1	31		nat (I) (re) lost
	10	saw the decease bave, (I) (***e) (****			ofter death			(em) opinion d	leath occurred on the	date and hour	and from the co	ouses stated
		226. SIGNATURE	nBC	lle 1	m	(MD	ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF	OCT I	1981
1		27 PHYSICIAN'S NA	ES P) G	3LAKE	JR	220 ADDRES		ROAP		UAPOLI	1 10
	23a. E	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATION	1		
	B	wrial	-	10/17	7/81 F	ninha	nu Fni	scanal	Odont	on Md	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Hardesty Funeral Home 12 Ridgely Age. Ann. Md

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D.

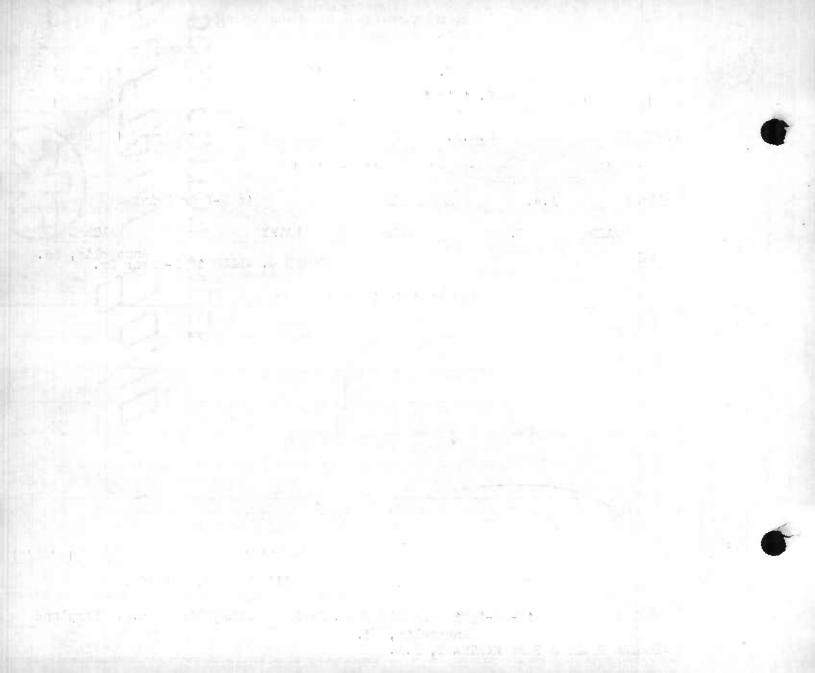
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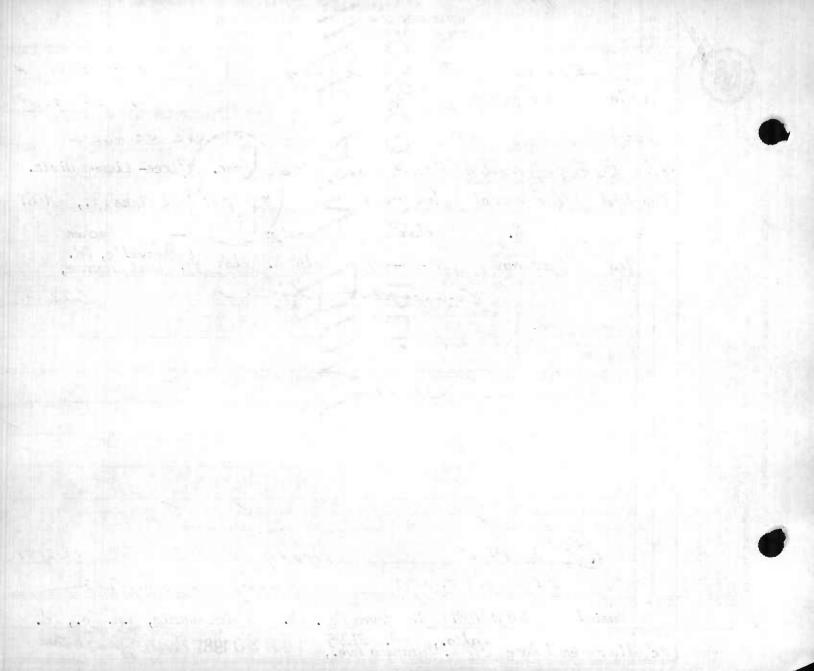
		FOR		D	EPARTMENT OF	HEALTH	AND MENTAL H	TYGIENES		2 5	2 0	4
-	1-	STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	REG.	NO.		
1		CEASED NAME	FIRST		WIDDLE		LAST	20. D.	ATE KNOWN	HTMOM X	DAY YEAR	2b. HOUR
1	(111	E OR PRINT)	Edwar	-d	0.		Wells		OF ESTI- ATH MATED		25 1981	
	3. SEX	4.	RACE	5. DATE OF BIRTH	6. AGE (IN)		DER 1 YR. IF UNDER		DATE	MONTH	DAY YEAR	2d. HOUR 2P
	Ma	ale	Black	"Sept."1	1901	rs. 1	HS DAYS HOURS	MIN PRON	OUNCED	10	25 1981	2P "
1	70 B	RTHPLACE (STATE	TE OR	76. CITIZEN OF WH		12	IED NEVER MARR	9. BA	LTIMORE CIT	Y OR COUN	TY OF DEATH	
5		RYLAND		U.S.	Α.	WIDOW			nne Ar	undel	County	AAF
7	10. C	TY OR TOWN O	FDEATH	11. NAME OF HOSE	ITAL, NURSING HOM		IER INSTITUTION	120. USUAL O	CCUPATION		126. KIND OF B	
5	1	Annapoli	s	Anne Aru	ndel Gener	al Ho	spital	FOR MOST O	F WORKING LIFE)		OR INDUS	IKY
7	USUA	L RESIDENCE (IF	IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS			lus erneer .				
7	130. S MAT	RYLAND	A A		ANNAPOLIS		13d. INSIDE CITY LIMITS?	16 B-B	ens Dr	ive		
-	_	THER'S NAME			4		15. MOTHER'S MAIDE	1				
1		EDWAR	D	O.	WELLS		KATHY		WIDDLE	WA	LITERS	
·	16a. V	VAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURI		17. INFORMANT		ADDR			
	(Y	MO OR NUKNOW	(IF YES, GIVE	WAR OR DATES)	D. Berry		EDWARD O.	WELLS	16 B- 1	Bens D	olis, Mo	1.
	H	18. CAUSE OF	DEATH (Enter onl	ly one cause per line t	as (n) (h) and (s)						APPROXIMA	TE INTERVAL
		PARTIDEA	TH WAS CAUSED	D BY:		t Des	th Syndrom	10			BETWEEN ONS	ET AND DEATH
		798	/) IMMEDIAT	E C. 100E (5)	AS A CONSEQUENCE		THE SYNCHOL					
SOI PRIOR IS BORRAL, CAEVANION, OR REMOVAL.	9.1		if ony, which									
			to immediate ating the under-	(b)	AS A CONSEQUENCE	OF						
		lying cause		BOE TO, OK	AS A CONSEQUENCE	Or						
		PART 2 OTNER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	IT NOT BELATED TO THE TER	MINAL DISTAS	E OR CONDITION GIVEN IN PA	07.1			1	
	Z			O	OF HELMILD IN INC. IE	MINAL DISEAS	C OR COMUTTION GIVEN IN PA	KI 1 10 .				
-	MEDICAL CERTIFICATION	190. DATE OF C	PERATION	19b. CONDIT	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	12
	FIC											
-	ERT	210. EXTERNAL	CAUSE WAS	216. TIME OF		71c. H	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	A 18 PART 1 OR PA	YES XX	NO []
1	MC	UNDERLYING	OR	HOUR A.M.	MONTH DAY YEA	AR .	- TONI OCCONNE					
	DIC.	21d INJURY OC	CURRED	21e PLACE O	FINJURY (ATHOME.	211.10	CATION					
	ME		NOT WHILE		DRY, FARM, ETC.)		STREET	CITY	OR TOWN	co	YTAUC	STATE
		AT WORK	ATWORK									
		22e I gently	that I took shorg	e of the remoins dese	ribed above, held on	Autop	sy	n . Inc	uiry .	ond in my or	pinion	
		death resulted	from Aon	ol courses XX	accident . //s	vicide	, Homicide .	Undetermin	d monner] <i>.</i>		
			VI		7-4		TITLE (SPECIFY)					
		SIGNATURE_	10	orall,	MUN.	M	Deputy Chi	e fMEDICAL I	XAMINER	DATE	ED 10/	26/81
Breez		EV 4 14 II 150/0	· · · ·	10	0							
>	-	(TYPE OR PRINT	AME	nomas D. S	mith, M.D.		ADDRESS	Penn St	• Ba	Ito.,	MD.	
	23o.B	URIAL, CREMATI	ON, REMOVAL 2	3b DATE	23c. NAME OF CI			23d LOCATI CITY OR TOV Annapo	ON ON	COU	NIY	STATE
]	URIAL		10-28-198			. PARK	Annapo	lis	A.A.	Marylai	nd
	24. F	JNERAL DIRECT	OR	ADDRESA	nnapolis,	Md.	1	REC'D. BY REG		EGISTRAR'S	013 -	
	W.		EESE & S	ONS MORTU	ARY. P.A.		135	7999	101 4	rance Sy	and all	200



1 (1)	1 -	STATE OF MARYLAND	27 (7) 20
10	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS	200
	1 00	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		DECEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26 HOUR
A S. S. F.		CSTACK ORTON WELSH DEATH MATED & 10	5 1951 AM
2000	3. SE	1. RACE S. DATE OF BIRTH S. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LATE OF BIRTH DAY MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
THE REAL PROPERTY.	V2	EMALE WHITE 6 3 1913 68 YRS. DEAD DEAD 10 3	1981 AM
上	70 B	BIRTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY?	
A PROPERTY.	TK	RGEO LO. N.D. U.S.A. WIDOWED & DIVORCED HUNE HEUN	DEL MD.
THE AGE	D. C		26. KIND OF BUSINESS OR INDUSTRY
ELAY TO THE PACE S. 2015	L	YNNAPOLIS 104) MADISON ST. DEAUTICIAN	OK INDUSTRY
D. 21201 . IF ANY DELAY IS N. 2. AND 3 TO THE FU. 3. RETAIN PAGE 5 SHOULD BE FILED. ALRECORDS, 201 W.	13a S	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE ADMISSION) STATE 136 GOUNTY 137 STREET ADDRESS 138 STREET ADDRESS 139 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS 130 STREET ADDRESS	13
S. A. A. A. S. S. S. S. S. S. A. A. S.	111 6	A. M. O. MUNAPOLIS YES NO 1091 MADISON	21,
TTIMORE, MD FIER DEATH FORM PM 3 FORM PM 3 FOR AND 2 FOR OFALIA	1	FASHER'S NAME FIRST PROBLE ORTON 15. MOTHER'S MAIDEN NAME MIDDLE SC.	HILTT
NOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	19212
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. OR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOEF STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	(4	(YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	Bows IND.
WIT WIT		18. CAUSE OF DEATH (Enter only one couse per law fir (a), (b), and (c)	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ER PER		Conditions, if ony, which	-6-10-11-20-20
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18, RDED TO THE CHIEF MEDICAL EXAMINER ALONG W RE3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying couse lost.	
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ISIO NG NG PAIN	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
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TE, V RW/ RW/ RE PA S, 21			
AND STATE		270. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opi	mon
RETIFE OF BE			
Z S S S S S S S S S S S S S S S S S S S		ACTUAL TITLE (SPECIFY) DATE	10-6-81
SEAT SET	7	M.D. Profest MEDICAL EXAMINER SIGNED	74001
TO MEDICAL EXAMINER: THIS CERESECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 PF	1000	(TYPE OR PRINT) FLIUBAROST ADDRESS ADDRESS	
DA STANT	23a S	(SECIFY) TOWN COUNT	TY A 1-TATE
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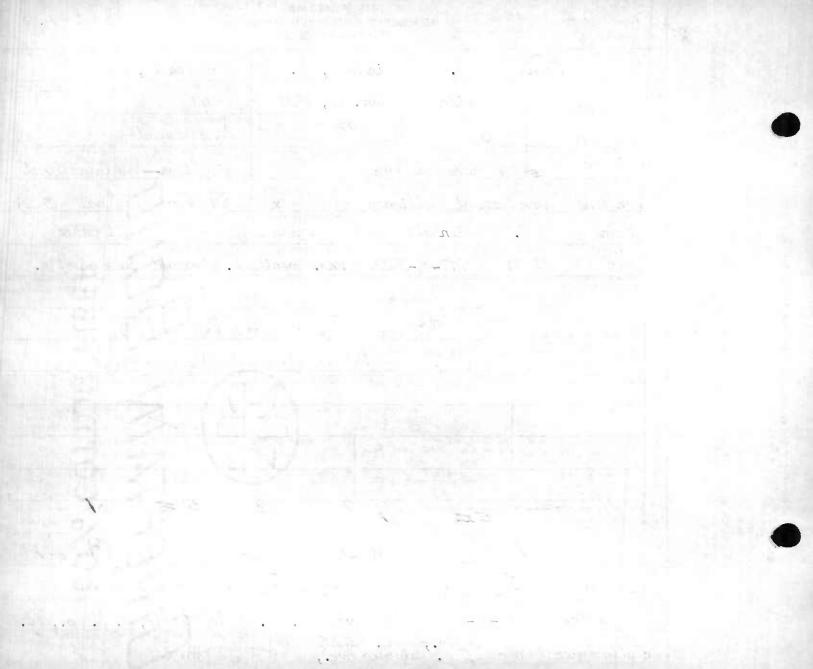
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177	14. F/	THER'S NAME		MIDDLE	LAST .		15. MOTHER'S MAIDE	NAME	MIDDLE	1.7	LAST	
2020		Roy		/V.	Welsh		Carolyn		-		ecken	
DINISION	16a V	AS DECEASED EVEL	R IN U.S. ARM	ED FORCES?	166. SOCIAL SECURITY		17. INFORMANT	441 4 4	ADDRE	ssille	M.	
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	Ş	CONTRIBUTING [CAUSE OF D		19	21/						
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3		death resulted fra			Accident . Suic		Hamicide .	Undetermine].		
ARY		(2//				TITLE (SPECIFY)	ooctoriiiiiiei				
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N N	-	EXAMINER'S NAME (TYPE OR PRINT)	EL	MAARD	TNO	A	ADDRESS	opole	i me	resta	e	
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))	74 F	UNERAL DIRECTOR		Back	to Md.	21,22		3 0 1981	TRAR 256. RE	GISTRAR'S S	IGHT WE PER	·
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· ·	1		STATE OF MARYLAND
- 19	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	100	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
o 6 5		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 25. HOUR
deol		JAMES	Stuart WHELAN Sr 10-18-81 7PM
7	3. SE	× nn.	RACE S. DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 14 FUNDER 24 HRS MONTH DAY YEAR MONTH DAY YEAR
(10)	1	THLE	CHUCHSIAN 07 09 03 1/8 YRS.
9	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
801	10.0	17.7.	USA WIDOWED Hone Arundel MD.
de la	0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	JHSU	AL RESIDENCE (IF NURSING HOME OR	Hone Hrundel General Hospital Metalungist ILS. Govt.
d 227	130	STATE 136 COUN	13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13 STREET ADDRESS
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the T		7es 11919-	- 1925 212-165795 1=11zabeth M. Hodek Whelan #13
emovo event, 1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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n, or r motic		4448	DUE TO, OP AS A CONSEQUENCE OF
traum		Canditians, if any, which gave rise to immediate	(6) Teneralized arteriosclevosis.
other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
à	18		(c)
njury,	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
prior ony ii	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
	FEC		YES NOX YES NO
Mental Hygiene or Item 18 shows	CERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (FINER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Mental Hy		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR
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alth and Menta morked or Item	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
Por			tol) ottended the degeosed from a / CU/17 190/ to /CU/17 19 that (I) (we) lost
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hept. o		abave, () (we) (did) (did nat	1) view the bady after death.
4		(101/10)	DEGREE ATTENDING MEDICAL STAFF 221. DATE SIGNED (1) (1) (2) (1)
15		22d PHYSICIAN'S NAME (TYPE O	PHYSICIAN DIRECTOR PHYSICIAN
should be with the St		PHISICIANS NAME (TYPE O	R PRINT) 22e ADDRESS
MPORTANT		Michard N	Leeler MD. 121 Cothedral St., Annapolis MJ
	230 6	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
	上	Surial	Oct. 21 1981 St. Mary's Honopolis A.A. Mil
50M 1/B1	24 FI	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 251 REGISTRAP S. SIGNATURE The
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	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	25209
. 8.4		CEASED NAME FIRST	WIODIE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
y be		Robe	vt Burns	Wier	Oct. 3	1, 1981 940 AM
E CEAN	1 SE	× , , ,	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
e FIAI		Male	White	Jan. 24, 1921	60	YRS.
Geoth P	K	OUNTRY	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	_	rounty of DEATH rundel MD.
s after on the files and feet	1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	. 0 11	12a USUAL OCCUPATION	
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eoth ce tending ve carb on, or r umatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF metasta	.1.21.	
that the deat d by the otter lease remove c iof, cremation, or other traum		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE		, (X).	
signe Then p to bur njury, d	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	nal disease or cond	DITION GIVEN IN PART 1101
in he law reform. The permit is permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ NO \
SICIAN: The physicic certificate certificate arial-tronsit them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}
UG PHYS ottendin ter this c s the bur and Me	MEDICAL	21d INJURY OCCURRED WHAT NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211, LOCATION	CITY OR TOV	VN COUNTY STATE
TTENDIN or so a for use a of Health		sow the deceased alive on obove, (1) (we) (did) (did not)	XC/3/ 19.7	ond that in (my) (our) opinion d	to	te and hour and from the causes stated
by the host by the host ERAL DIREC e detoched Stote Dept. ANT: If them		226. SIGNATURE	Would pur)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
retained by 11 TO FUNERAL should be det with the State		RIChard N	Peeler Mi	220 ADDRESS 121 Cathe	dral St.	Annapolis Mil
	23o. 8	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	K	Durial	Nov.4,1981 15	T.Mary's Cemeter		olls H.H. MU
DHMH - 16 50M 1/81 (VRA 15, 4)	1	INERAL DIRECTOR	I Chand ADDASS	ocalis mil 1250. NO	V 3 1981	PEGISTRATSSIGNATURE

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· WILL ISAHI-OF DO SEE SEE THINK Fermine El Sincor 76 MINNEY SHANE LOWING Comment boys A tree of LANDERS ME ALCO HOURS - STORAGE OLA ON ALGORI Crangell - Arms Kersons Parter . HELDA WINDOWS LINE OF THE LOCAL PROPERTY OF THE PARTY OF William - wellitale 199- For Sugar St. Augus Ser Experience to the second work of the selection of the sel

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the busial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather traumatic event, the medica

deoth. Page 4

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CEKTIN	ICATE OF DEATH	REG. NO				
	ECEASED NAME FIRST	WIDDIE	10 80	LAST	20. DATE OF DEATH MONTH	DAY Y	YEAR	26 HOU	R
	Ceci1	Ray	Wil	liams	October 11	198	31	5	A M
3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER		IF UNDER	
	Male	White	Apr		80 _Y	RS MONTHS	DAYS	HOURS	MIN.
l'a. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY OR COL	NTY OF DEA	ATH		
	Tennesse	United States	SWIDOW	DIVORCED	Anne Aruno	del Co	ount	-y	MD.
10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		KIND OF USTRY	BUSINE	SSOR
	Laurel	229 Spring (Gap S	outh	Carpenter			ract	cor
13a.	STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
		e Arundel Lau	rel	YES NO X	229 Spring	Gap S	Sout	th	
	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WIDDIE		LAST		
_	harlie	Willia		Fannie			Ber	_	
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATECT		17 INFORMANT	229°55pri				th
	No N	/A 409-48-	3480	Alfred Cain	Laurel,				
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line lor (a), (b), ai	ndici.	0 0	. 0	BE"	APPROXIM I WEEN OF	NSET AND	DEATH
		TE CAUSE (a levere	leerty	Challelan	la Macres				
	14242	DUE TO, OR AS A CONSEQU	JENCE OF			200			
14.	Conditions, if any, which gave rise to immediate	(b)							
	couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF			34			
	underlying couse last.	(c)							
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PA	ART Ita		
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CERTIFICATION	THE DATE OF OPERATION	176 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	INCI	FYES, WERE I ERTIFYING CA	AUSES C	OF DEAT	H?
ER	210 ACCIDENT WAS UNDERLYING T	216 TIME OF INJURY		121/ HOW IN HIPY OCCUPE	RED (ENTER NATURE OF INJURY IN ITEA	YES		NO []
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	THE HOTE HAJORY OCCORR	(ENTER NATURE OF INJURY IN HEA	A IB PART : OR P.	ART 2)		
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19	211 LOCATION	· · · · · · · · · · · · · · · · · · ·				
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TOWN	COU	NTY	51	TATE
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	saw the decensed alive for	account 10		nd that in (my)-(our) opinion o	death accurred on the date and	hour and Ire	am the co	hat (I) -(=	ushiast uted
	(2b. SJGNATURE	view the body after death.		DEGREE			DATES		iicu
	Janak	Museum	mn		MEDICAL STAFF DIRECTOR PHYSICIAN		lali.	1/41	,
1	22d. PHYSICIAN'S NAME CITY	R PRINTI	11101	22e ADDRESS	DIRECTOR PHYSICIAN	1	-	10/	
	Denner H	(home mh			Park 0, 4107	10.	1	4. 1	12.0
230	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C		123d LOCATION	Lac	rel	me	1.207
2.50	(SPECIFY)			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	1	ST	TATE
24 F	Burial	Oct 14 1981	Glen	Haven Cem.	Glen Burn	GISTRAR'S SI	IGNATU	Mc	1
	7601 C-	Funeral Home	Inc.	263		A C	SIMMIO		
	, our Sandy	Spring Rd. L	aurel	, Md. 20707	111 14 1984 ?	7	1/4	TY	Then.

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6		1	FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		25212
, pe	oth 3		ECEASED NAME FIRST	leen Elizabe	th Williams	Mal-	ber 4 1981 26. HOUR
ge 4 mo	(M)	3.5	Female	White	JUNE 8 1910	6 AGE IN YEARS LAST BIR	MONTHS DATS HOURS MIN.
deoth. Po	of one	7a U	AShington D.C.	USA	MARRIED M NEVER MARRIED WIDOWED DIVORCED	- Hnne	Arundel MD.
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TIMORE be execu	s. Poges 1	160	WAS DECEASED EVER IN U.S. AR (YES, NO RYNKNOWN)	MED FORCES? 16b. SOCIA: ve war or dates) 579-	50-8/87 Otho	H. William	s #13
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PRESTON he deoth ce	offending nove corb otion, or r roumofic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CON	SEQUENCE OF the S	tomach	lyear
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	t. Then p or to bur y injury,	FICATION			<u>G TO DEATH</u> BUT NOT RELATED TO THE		
TAL REC	cion. sit permi	CERTIFICA	190. DATE OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS,	certificat certificat certificat certificat ventol Hy ltem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	CCURRED (ENTER NATURE OF INJUI	IY IN ITEM 18 PART I OR PART ?)
DIVISIO ING PHY	After this os the bu th and M arked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY (CITY OR TO	WN COUNTY STATE
ATTEND	IRECTOR: A hed for use ept. of Heo tem 21 is m		sow the leceased alimbore (I) we (did) (tal) altered of the deceased		pinion death accurred on the do	the (I) (we) lost ote ond hour ond from the causes stoted
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O HOSPI	etoined by to TO FUNERAL should be det with the Stote MAPORTANT:		MA PHYSTIAN'S NAME (TYPE O	s Chaco	ones IS-21 R	Litalia Hi	or Arnold, Wel
	BP	238	BOWNIA, CREMATION, REMOVAL	23h DATE 10-7-1981	236. NAME OF CEMPTERY OR CREMAT	Washin	
DHA	AH - 16 50M 1/B1 (VRA 15, 4)	5	UNEXAL DIRECTOR	harry Cit	maroles Mrd. 1	OCT 9 1981 2	The REGISTRAR'S SIGNALLIE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of	retained by the haspital or attending physician.
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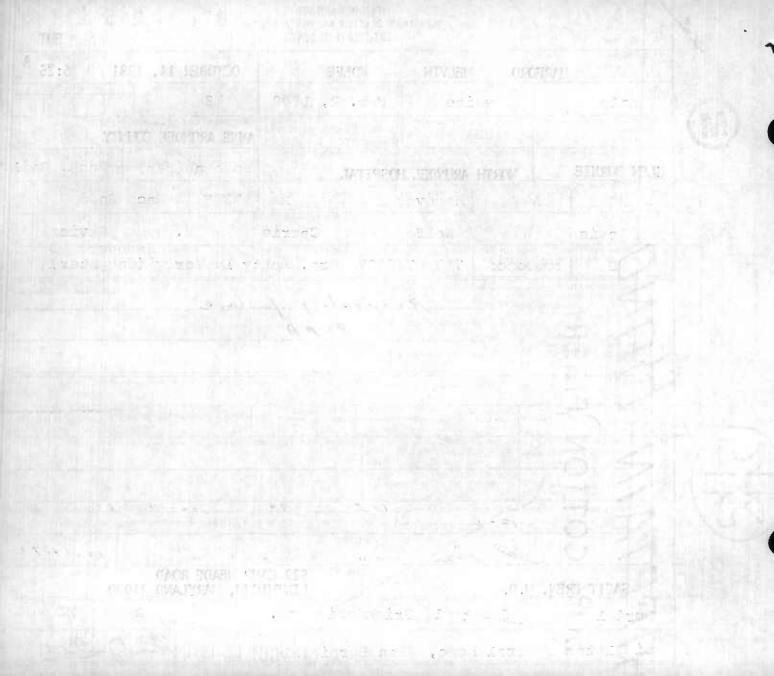
3	Ľ	FOR STATE REGISTRAR				CERTIF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. N		5 2	EDT
		CEASED NAME E OR PRINT)	HARF(ORD	MELVIN		WOLFE	OCTOBER			6:25
1	3 SE	male		4. RACE W	hite		b. 2, 1908	6. AGE JINYEARS LAST B	YRS		IF UNDER 24 H
		RTHPLACE (STATE O	RFOREIGN		SA		ED NEVER MARRIED	9 BALTIMORE CITY ANNE ARUNI			
54	GI	LEN BURNI		NORTH	H ARUNDEL I	HOSPI	OR OTHER INSTITUTION	Foreman		125 KIND OF	
135	13a S	MD	13b. COUN	OTHER INSTITUTION OF A	Hanove		13d. INSIDE CITY LIMITS? YES NO	13. 73 65 DRESS	Race	Road	
2/	14. FA	Lewis		MIDDLE .	Wolfe		Carrie	e Mon		Sevi	
dico		VAS DECEASED EVE	HEYES GIV	MED FORCES? (E WAR OR DATES)	717/07		7 Mrs. Bet	ty L. Ter		over, aughte	
umatic event, the ma		18. CAUSE OF DEA PART I. DEATH	TH (Enter on WAS CAUSE IMMEDIAT	nly ane cause p D BY: TE CAUSE (a)_	er line for (a), (b), and	27,0	irahory fo	lune			
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arked or Item 18 shows any injury, or other traumatic event, the m		18. CAUSE OF DEAP PART I. DEATH Canditions, if an gave rise to ir couse (a), statunderlying cau PART 2 OTHER SIGNATURE OF OPER 210. ACCIDENT WAS UNDERSTORMED OR CONTRIBUTING FIFTER NOTIFY ME 21d. INJURY OCCU	TH (Enter on WAS CAUSE IMMEDIATED AND IMMEDIATED AT ION AT	19b. CON 21b. TIME HOUR 21c. PLACE	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH (OF INJURY A.M. MONTH DA	NCE OF NCE OF OPERATIO Y YEAR 19	COPP.	MINAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	200, IF YES, IN CERTIFY YES	APPROXIM BETWEEN OP N IN PART 1 (a) WERE FINDING COUNTY	ATE INTERVAL SET AND DEA ASS USED OF DEATH? NO
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DHMH - 16 50M 1/81 (VRA 15, 4)

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Singleton Funeral Home, Glen Burnie, MDOCT 15 1981

256 DATE REC'D. BY REGISTRAR ISSUE STRAIN SIGNALLING STRAIN STRAI



Male To BIRTHPLACE (STATE OF COUNTRY) Ta. TO CITY OR TOWN OF DE LEN BURNIE USUAL RESIDENCE (# NUI 130. STATE Md. 4. FATHER'S NAME FIRST Michael	4. RACE White REFOREIGN 7b. CITIZEN OF U.S.A ATH 11. NAME OF (IF NOT IN SU	WHAT COUNTRY? HOSPITAL, NURSING CHEACILITY, GIVE STREET A CHEACILITY, GIVE STREET A CHEACILITY, GIVE STREET A CHEACILITY, GIVE STREET A CHEACILITY OR TOWN LAST LAST	WIDOWED GHOME OR OT ADDRESS) HOSPITA ADMISSION 13d. YES	TH The property of the propert	9. BALTIMORE CITY C ANNE ARUN 120. USUAL OCCUPAT (170 FOR WORK FOR MOST C) 130. STREET ADDRESS 2702 221	MONTH DAY YEAR 27, 1981 RIHDAY) IF UNDER 1 YI MONTHS DA PROUNTY OF DEATH NDEL COUNTY ION 172b KIN DF WORKING LIFE) INDUST B	7:50 7:50 PEAR IF UNDER 24 HI AVS HOURS MI
3 SEX Male 70. BIRTHPLACE (STATE OF COUNTRY) Pa. 10. CITY OR TOWN OF DE LEN BURNIE USUAL RESIDENCE (# NUI 30. STATE Md. 4. FATHER'S NAME FIRST Michael (YES) NO RUNKNOWN) 18. CAUSE OF DEA	4. RACE White White REPORTEGN 7b. CITIZEN OF U.S. A ATH 11. NAME OF (IF NOT INSUIT NORT RING HOME OR OTHER INSTITUTION 13b. COUNTY Anne Arunde MIDDLE R IN U.S. ARMED FORCES?	WHAT COUNTRY? HOSPITAL, NURSING CHEACILITY, GIVE STREETS H ARUNDEL GIVE RESIDENCE BEFORE, 13c. CITY OR TOWN L Pasaden LAST Yuhanek	S. DATE OF BIR March 8 MARRIED WIDOWED GHOME OR OT LODRESS) HOSPITA ADMISSION 13d. YES	TH The property of the propert	9. BALTIMORE CITY C ANNE ARUN 120. USUAL OCCUPAT (170 FOR WORK FOR MOST C) 130. STREET ADDRESS 2702 221	PRIMARY) IF UNDER 1 YI OR COUNTY OF DEATH NDEL COUNTY ION ION ION ION ION ION ION IO	HAYS HOURS M. HOURS M. HOURS M. HOURS M. HOURS M.
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JO BIRTHPLACE (STATE OF COUNTRY) JO CITY OR TOWN OF DE LEN BURNIE USUAL RESIDENCE (IF NUI 30. STATE M. FATHER'S NAME FIRST MICHAEL 60. WAS DECEASED EVE (YS) NO OR UNKNOWN) 18 CAUSE OF DEA	ATH 11. NAME OF OFFERS OF OTHER INSTITUTION 13b. COUNTY Anne Arunde MIDDLE R IN U.S. ARMED FORCES?	WHAT COUNTRY? HOSPITAL, NURSING CHEACILITY, GIVE STREET A CHEACILITY, GIVE STREET A CHEACILITY, GIVE STREET A CHEACILITY, GIVE STREET A CHEACILITY OR TOWN LAST LAST	MARRIED AMARRIED AMAR	7 1919 NEVER MARRIED DIVORCED HER INSTITUTION AL INSIDE CITY LIMITS? NO MARKET NO	ANNE ARUN 170 USUAL OCCUPAT (170 EOF WORK FOR MOST OF POREMAN) 130. STREET ADDRESS 2702 221 NAME	DECOUNTY OF DEATH	nd of Business
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(YES NO OR UNKNOWN)				Pauli		Koval	cik
18 CAUSE OF DEA		291-12-22		osephine 1	Juhanek 2	same as 13	
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On Contraction of	CAUSE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	2)
- WOLV	RRED 21e. PLACE (AT HOME STI	OF INJURY	21f.	LOCATION	CITY OR TO	OWN COUNTY	STATE
			N.		on death occurred on the di		the couses stoted
224 PHYSICIAN'S N	JUL I	12/8e	1220	PHYSICIAN	DIRECTOR PHYSIC	CIAN	- 28c8/
JACK I	STERN, M.D.	- V		Gler	n Burnie, Mar		1
Buria		. 11		s Cem.	Brookyn 9	k. Anne A	
WEDICAL 24	PART 2 OTHER SIGNATURE OF OPERAL DIRECTOR	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS C PART 2 OTHER SIGNIFICANT CONDITIONS C 190 DATE OF OPERATION 190. CONDITIONS C 210. ACCIDENT WAS UNDERLYING 21b. TIME C HOUR A CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE AT WORK NOTIFY MEDICAL EXAMINER) 22d I certify that (b) (this hospital) attended the condition of the death of the condition of	GOVE rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPOSITION 190 DATE OF OPERATION 190 DATE OF INJURY HOUR A.M. MONTH DATE 110 MILE ALMORY 111 DATE OPERATION 112 PHYSICIAN SNAMM 113 DATE 114 PHYSICIAN SNAMM 115 DATE 116 DATE 117 PHYSICIAN SNAMM 118 DATE 119 DATE 110/31/1981	GOVE rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CONTRIBUTING TO DEATH CONTRIBUTION TO DEATH CONTRIBU	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 211. TIME SITE SITE SITE SITE SITE SITE SITE SIT	gove rise to immediate couse [o1], stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 211. HOW INJURY OCCURRED (ENTERNATION OF PERFORMED OR CONTRIBUTION FOR WHICH OPERATION OF PERFORMED OR CONTRIBUTION FOR WHICH OPERATION OR CONTRIBUTION FOR WHICH OPERATION OF PERFORMED OR CONTRIBUTION FOR WHICH OPERATION OF PERFORMED OR CONTRIBUTION FOR WHICH OPERATION OF PERFORMED OR CONTRIBUTION OR CONTRIBUTIO	DUE TO, OR AS A CONSEQUENCE OF COUSE (D), Stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING YES NO YES NO YES NO YES 210. ACCIDENT WAS UNDERLYING AUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTER MEDICAL EXAMINER) 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211. LOCATION STREET 212. LOCATION STREET 214. LOCATION STREET 215. LOCATION STREET 216. LOCATION STREET 217. LOCATION STREET 218. LOCATION STREET 219. LOCATION STREET 220. DO 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 220. DO 2210. DO 2

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12b. KIND OF BUSINESS OR

REGISTRAR	CERTIFICATE OF DEATH			REG. NO.			DST					
I. DECEASED NAME	FIRST	MIDDLE		ŁA!	T		2a. DATE OF DEA	TH MONTH	DAY	YEAR	2h HOU	JR
	HELEN	I R		Z	OTSMAI	N	OCTOBER	24, 198	1		11:2	20 E
3. SEX		4 RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
FEMALE		WHITE		FEB.	27	1921	60	YRS.	MONTHS	DAYS	HOURS	MIN.
7a BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHA	T COUNTRY?	8	TT	MARRIED -	9 BALTIMORE CI		Y OF DE	ATH		
MICH.		U.S.A		WIDOWED		OIVORCED T	ANNE	ARUNDEL	COU	NTY		AAF

10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GLEN BURNIE NORTH ARUNDEL HOSPITAL

13c. CITY OR TOWN

INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE MACHINIST ELECTRONICS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS

12a. USUAL OCCUPATION

MD.	IA.A.	MILLERSVIL	1,7 ES NO 1/2 1 8	3 JUMPERS	HOTE RD	
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRST	WIDDIE	LAST	
WILLIA	V	POPKE	EMILY		GALLERT	
16a. WAS DECEASED EV (YES NO OR UNKNOWN)			17. INFORMANT	ADDRESS		
37.0		000 00 00 11				

NO	383 09 9841 Kerley-Starks F.H. St.	Joseph Mich
PART I DEATH WAS CALISED B	ne couse per line for (a), (b), and (c), (f) (c) AUSE (a) Vardio-Respiratory Insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4151 Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (b) Pulmonary Embolism	
gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1/2

Carcinomatosis abdominal cavity

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2	n
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	51

22a.1 certify that (1) (this haspital sow the deceased alive an opinion death accurred on the date and hour and from the causes stated 22L DATE BIGNE

ATTENDING MEDICAL STAFF 12e ADDRESS 7845 OAKWOOD ROAD, #203

ELLIOTT GORBATY, M.D. BURNIE, MARYLAND 21061 23g. BURIAL CREMATION, REMOVAL 73h DATE

(SPECIFY)	Charles Control of the Control of th	CEMETER! ON CREMATOR!	CITY OR TOWN	COUNTY STATE
Removal-Burial 10)-27-81 North	Shore Mem.	Hagar Shor	es Mich.
74 FUNERAL DIRECTOR	ADDRESS 4905	York Rd 25a DATE	REC'D. BY REGISTRAR 256. REC	reso Can Harthen
Henry W. Jenkins	& Sons Co.Bal	to Md. OC	7 2 9 1981 Cra	ness Jan launen

DHMH - 16 50M 1/81 (VRA 15, 4)

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should be detached far use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

MPORTANT: If them 21 is marked or Item 18 sh

FUNERAL DIRECTOR: After this certificate has

etained by the haspital

BP.

MEDICAL CERTIFICATION

Table on Beat Norton-Landes It. I. St. Jones L. Hard word of the transfer of the control state a gerrata moved by . A. Pania Sana Lie 2-61 farcura fevenor